

Electronic Church Offering Enrollment & Authorization

ENROLLEE	INFORMATION				
First Name _	ne Last Name				
Mailing Addre	ess				
City State _			Zip Code		
Telephone #			□ cell	□home	□work
AUTHORIZ	ZATION INFORMA	TION (mark o	one box)		
■ New autho	orization/enrollment*				
■ Change in	bank account*				
☐ Change in	authorized amount				
*Attach a vo	oided check or savin	gs account d	eposit s	lip	
payments from	vent Financial for Lutherans my account. I have attache ffect until I give reasonable	ed a voided check	k or saving	s deposit slip	o. This authority
ACCOUNT HOLD			D	ATE	
Check one	GENEROUS GIF weekly on Fri / Mor monthly on 1st / 15	1 (Circle one)	Date of	D'S WO First Dona	ution
— OFFICE USE ONLY — Member ID# CHANGES					
Date	Alteration				Initials
Date	Alteration	·			Initials
Date	Alteration				Initials