



Member Enrollment and Authorization Form

Return completed enrollment form with your pledge card.

Complete this section for ALL ENROLLMENTS (Please print in black ink)			
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name _____		First Name _____
	Mailing Address _____		
	City _____		State _____
	Home Telephone # _____		Work Telephone # _____
Donations/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)		REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw donations/payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.	
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>		Account Holder Signature _____	
Account Number _____		Date _____	
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY			

Complete this section for Lutheran CONGREGATION DONATIONS		
Congregation Name: Lutheran Church of Honolulu		Street Address: 1730 Punahou St
City: Honolulu		State: HI Zip: 96822
Church Fund Designations: _____ General/Operating \$ _____ _____ Capital Campaign \$ _____ _____ \$ _____ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____ (minimum \$5)	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	Frequency of Donation: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Date of First Donation _____
Note: The total amount will be transferred based on the frequency selected.		

*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION		
Congregation / Institution Code 0021246905	Envelope Number _____	Verifier Initials _____

ENROLLMENT INSTRUCTIONS: 1. Using black ink, complete the personal information section including name, address and telephone numbers. 2. Indicate whether this is a new enrollment/authorization, a change in amount, or a change in bank account. 3. Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form for a new enrollment or change in bank account. 4. Sign and date the Account Holder Signature section. 5. Complete the appropriate section with the institution name and address that will benefit from your giving. For Your Lutheran Congregation Offering: <ul style="list-style-type: none"> • Designate which fund(s) your donation should go to and the amount. • Select the frequency of your offering. 6. Return the completed enrollment form to the Lutheran congregation, school or institution benefiting from your giving.
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PRIVACY / CONFIDENTIALITY: The Authorization Form on the back is seen by the nonprofit Lutheran organizations enrolled in Simply Giving® as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.