

To enroll in the Simply Giving® automated giving program from Thrivent Financial for Lutherans, complete the following enrollment form.

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 change in account.
3. Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form.
4. Sign on the authorized signature line.
5. Complete the appropriate section for the institution that will benefit from your giving
6. Select the frequency of your contribution.
7. Designate where you'd like your contribution to go and the amount.
8. Return the completed enrollment form to the Lutheran congregation, school or institution benefiting from your giving.

Last Name	First Name	Middle Initial
Mailing Address	City	St
Home Telephone	Work Telephone	
Check appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in Authorized Amount <input type="checkbox"/> Change of account		
Privacy/Confidentiality: This Authorization Form 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.		
Gifts / Payments should be taken from: <input type="checkbox"/> Checking (Attach voided check or deposit slip) <input type="checkbox"/> Savings (Attach saving deposit slip) Routing Number: between these symbols : : _____ Account Number: _____	I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions from my account. I have attached a voided check or savings deposit slip. The authority will remain in effect until I give reasonable notification to terminate the authorization. Authorized Signature: _____	

Attach a voided check or deposit slip

Congregation Name St John's Lutheran Church of Mound	Street Address 2451 Fairview Lane	
City Mound	State MN	Zip 55364
Frequency of Funds Transfer Please check only one <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-Monthly - Transfer on 1st AND 15th <input type="checkbox"/> Monthly on 1st <input type="checkbox"/> Monthly on 15th Start Date: _____	Church Fund Designations General / Operating Building _____ _____ _____ _____	Amount \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
Church Envelope Number: _____		