

SIMPLY GIVING MEMBER ENROLLMENT & AUTHORIZATION FORM – BETHLEHEM LUTHERAN

Complete this section for ALL enrollments (please print)

Last Name _____ First Name _____ Middle Initial _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home/Cell Telephone Number (please indicate which one) _____
Work Telephone Number _____

CHECK THE APPROPRIATE LINE

New Enrollment/Authorization Change in Authorization Amount
 Change in Banking Information Change Donation Date
Gifts/Payments are to be taken from: Checking * Savings *
Routing Number (valid routing # must start with 0, 1, 2, or 3) _____
Account Number _____

Required: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions/tuition payments/donations 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.

____ DISCONTINUE DONATION

Account Holder Signature _____

Complete this section for Lutheran Congregation Donations

Congregation Name: Bethlehem Lutheran Church Address: N84 W15252 Menomonee Avenue
Menomonee Falls, WI 53051

Frequency of Funds Transfer:

Weekly on Monday Weekly on Friday Semi-monthly (transferred on the 1st & 15th of each month)
 Monthly on the 1st Monthly on the 15th

Start Date _____ **Church Envelope #** _____

| Church Fund Designation | Amount |
|----------------------------|-----------------|
| General / Operating | \$ _____ |
| Heartfelt Faith (Mortgage) | \$ _____ |
| Financial Assistance Fund | \$ _____ |
| WELS Ministry | \$ _____ |
| KMLHS Operating | \$ _____ |
| _____ | \$ _____ |
| TOTAL | \$ _____ |

If want to your donations by Credit Card:

Check one Visa MasterCard American Express Discover Card
Credit Card Number _____ Expiration Date _____

Name on Card _____

Billing address if different from above _____

I authorize the above church and Vanco Services to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card) _____ Date _____

Complete this section for Lutheran School Tuition Payments

Total annual tuition for all family members \$ _____
Divided by number of monthly payment (see below) _____
Amount of each monthly payment \$ _____

Please contact the school office for information on

- Payment duration options (e.g., 8 months or 10 months)
- Date of first and last payments are due
- Date during each month that the transaction will occur
- Student's school tuition number

Date of First Payment _____ Date of Last Payment _____ Student's Tuition # _____

Congregation Office Use Only ... Congregation Code _____ **Date Processed** _____ **By** _____