

Mail completed form to:
 Vanco Services, LLC
 12600 Whitewater Dr. Suite 200
 Minnetonka, MN 55343



Fax completed form to:
 952-983-8665

Member Enrollment and Authorization Form

Complete This Section for ALL Enrollments (Please Print)

1	Last Name		First Name		Middle Initial
	Mailing Address		City	State	ZIP Code
Home Telephone Number			Work Telephone Number		
2	Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account				
3	Gifts/payments should be taken from:		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. Account Holder Signature _____		
	<input type="checkbox"/> Checking (attach a voided check)				
	<input type="checkbox"/> Savings (attach a savings deposit slip)				
	Routing Number _____				
Valid routing # must start with 0, 1, 2, or 3		4			
Account Number _____					
*** ATTACH EITHER A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP ***					

Complete This Section for Lutheran Congregation Donations

5	Congregation Name <u>Holy Trinity</u>		Street Address <u>517 SW Des Moines St.</u>		
	City <u>Ankeny</u>		State <u>IA</u>		ZIP Code <u>50023</u>
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 (transferred on 1st and 15th of each month) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th			Church Fund Designations: General/Operating _____ <u>Building Debt</u> _____ <u>Evangelism/Outreach</u> _____ <u>Food Pantry</u> _____ <u>World Hunger</u> _____ TOTAL _____		Amount \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
START DATE: _____					
Church Envelope Number: _____					

Complete This Section for Lutheran School Tuition Payments

5	School Name		Street Address		
	City		State		ZIP Code
Total annual tuition for all family members		\$ _____		Date of first payment: _____	
Divided by number of monthly payments (see below)		\$ _____		Date of last payment: _____	
Amount of each monthly payment		Student's Tuition Number: _____			
Please contact your school for information on: * Payment duration options (e.g., 10 months or 12 months) * Date the first and last payments are due * Date during each month that the transaction will occur * Student's school tuition number					

Complete This Section for Lutheran Institution Donations

5	Institution Name		Street Address		
	City		State		ZIP Code
Date of Monthly Gift Transfer (Please check only one):			Date of first payment: _____		
<input type="checkbox"/> Monthly on the 1st			Date of last payment*: _____		
<input type="checkbox"/> Monthly on the 15th			* Note: If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONT." as the date of the last payment.		
Amount of each monthly gift (minimum \$5) \$ _____					

FOR CONGREGATION/INSTITUTION OFFICE USE ONLY

Congregation/Institution Code: <u>001816391</u>		Date: _____	
Envelope/Participant Number: _____		Verifier Initials: _____	