

# JOYFUL RESPONSE<sup>®</sup> Electronic Offering Program

## Enrollment/Change Form

Complete this form and return it to the church office to begin or change your current stewardship offering. Your offering will be made automatically from your bank account or your LCEF StewardAccount<sup>®</sup>.

Check the appropriate box:

- New enrollment       Offering change       Account information change

**Please Print in Black Ink**

Member Last Name	First Name	MI	Daytime Telephone
Mailing Address		City, State, ZIP	Email Address
Mt. Calvary Lutheran Church			605-692-7678
Congregation Name		Congregation Telephone Number	
629 9th Ave		Brookings, SD 57000	
Congregation Mailing Address		City, State, ZIP	

### My Offering

Fund Designations:	Amount:
1. General Fund _____	\$ _____
2. Building _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<b>TOTAL \$ _____</b>	

### Debiting Account

Debit from:

- Checking  
 Savings  
 LCEF StewardAccount

Account Number \_\_\_\_\_

Routing Number (First nine numbers in bottom left-hand corner of check) \_\_\_\_\_

Transfer Date (check one):

- Weekly (Monday)  
 Semi-monthly (1st and 15th)  
 Monthly on the 1st  
 Monthly on the 15th  
 Other \_\_\_\_\_

(As approved by church office.)

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_

### Authorization

I authorize the above-named organization to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature for Account \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY CHURCH OFFICE

Member ID# \_\_\_\_\_ Initials \_\_\_\_\_  
 Vanco Client ID# \_\_\_\_\_ Date \_\_\_\_\_

Attach void check or savings deposit slip here.