

# Simply Giving

## Member Enrollment & Authorization

Electronic Fund Transfer for contributions to Crown of Glory Lutheran Church, Chaska, Minnesota

Please check the appropriate box:

- New enrollment/authorization \*
- Change in banking information \*
- Change in authorized amount and/or payment date
- Discontinue electronic payments

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donations/payments should be taken from:

- Checking (please attach voided check)
- Savings (please attach voided savings deposit slip)

Routing Number: \_\_\_\_\_  
(Valid Routing # must start with 0, 1, 2, or 3)

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

### Required:

I authorize 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.

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Attach a voided check or savings deposit slip for a new enrollment or change in bank account only.**

**Congregation Name:** Crown of Glory Lutheran Church      **Address:** 1141 Cardinal St., Chaska, MN 55318

<b><u>Church Fund Designations</u></b>	<b><u>Amount Per Donation (\$5 minimum)</u></b>	<b><u>Frequency of Donation</u></b>
Sustaining Fund	\$ _____	<input type="checkbox"/> Weekly
Capital Improvements	\$ _____	<input type="checkbox"/> Monthly on _____
Other: _____	\$ _____	<input type="checkbox"/> Semi-monthly (1 <sup>st</sup> & 15 <sup>th</sup> per month)
Total Donation Amount:	\$ _____	<input type="checkbox"/> Other: _____
Date of First Donation: _____		

**Thank you for your support!**

### Completed by Finance Manager

Member Envelope Number: \_\_\_\_\_ Verified by: \_\_\_\_\_