$\textbf{JOYFUL} \ RESPONSE^{®}_{\ \textbf{Electronic Offering Program}}$

Enrollment/Change Form

Complete this form and return it to the offering. Your offering will be made aut StewardAccount®. Check the appropriate box:	church office to begin of the community of the communit	or change your current stewardship oank account or your LCEF
☐ New enrollment ☐ Offering	change 🗍 A	ccount information change
Please Print in Black Ink		cedant information change
Member Last Name	First Name M	I Daytime Telephone
Mailing Address	City, State, ZIP	Email Address
Congregation Name	Congregation Telephone Number	
Congregation Mailing Address	City, State, ZIP	
My Offering		
Fund Designations:		Amount:
1. General Fund		<u> </u>
z. building		\$
3		\$
4.		\$
5.		\$
6.		\$
	ТО	TAL \$
Debiting Account	Transfer [late (check one):
Debit from:	Weekly (
Checking	Semi-monthly (1st and 15th)	
☐ Savings	Monthly on the 1st	
LCEF StewardAccount	☐ Monthly	
man secondiditectiff	Other _	
Account Number		ved by church office.)
	Start date	://
Routing Number (First nine numbers	End date (if any):/	
in bottom left-hand corner of check)	mild ddid ((Sity):
Authorization		
I authorize the above-named organize This authority will remain in effect unt authorization or until the last specified	til I give reasonable no	entries from my account. tification to terminate this
Authorized Signature for Account	***************************************	Date
TO BE COMPLETED BY CHURCH OFFICE	*	
Member ID#	Initials	Attach void check
Vanco Client ID#	Date	or savings deposit slip here.
		July Here.