



Member Enrollment and Authorization Form

Return completed enrollment form to the Resurrection Lutheran Church
1919 Independence parkway, Plano, TX 75075

Complete this section for ALL ENROLLMENTS (Please print in black ink)

Check the appropriate box: <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name _____	First Name _____	M.I. _____
	Mailing Address _____		
	City _____	State _____	Zip _____
	Home Telephone # _____		Work Telephone # _____
Donations/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)		REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw offerings/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.	
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>		Account Holder Signature _____	
Account Number _____		Date _____	
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY			

Complete this section for Lutheran CONGREGATION DONATIONS

Congregation Name Resurrection Lutheran Church	Street Address 1919 Independence parkway	
City Plano	State TX	Zip 75075
Church Fund Designations: _____ General/Operating \$ _____ _____ Building \$ _____ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____ (minimum \$5)	Frequency of Donation: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Date of First Donation _____
Note: The total amount will be transferred based on the frequency selected.		

Complete this section for Lutheran SCHOOL TUITION PAYMENTS

School Name _____	Street Address _____	
City _____	State _____	Zip _____
(a) Total annual tuition for all family members \$ _____	Date of First Payment _____	
(b) Number of payments (see below) _____		
(c) Amount of each payment (a ÷ b) \$ _____		
Contact your school for information on: <ul style="list-style-type: none"> • Payment duration options (e.g. 10 months or 12 months) • Date the first and last payments are due • Date that monthly transaction must occur 		

Complete this section for Lutheran INSTITUTION DONATIONS

Institution Name _____	Street Address _____	
City _____	State _____	Zip _____
Date of Donation: (Please check only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Date of First Donation _____ Date of Last Donation _____	
Amount of monthly donation \$ _____ (minimum \$5)	Note: To have your donation given continuously until you notify us to change or stop it, please write "CONT" in the Date of Last Donation.	

*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION		
Congregation / Institution Code _____	Envelope / Student / Participant Number _____	Verifier Initials _____