



Member Enrollment and Authorization Form

Return completed enrollment form to:
Bethel Lutheran Church, 312 Wisconsin Ave, Madison, WI 53703

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 _____ Mailing Address _____ City _____ State _____ Zip _____ Home Telephone # _____ Work Telephone # _____	First Name _____ M.I. _____	
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 _____ Date _____	
Account Number _____			

*** 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 BETHEL LUTHERAN CHURCH City MADISON	Street Address 312 WISCONSIN AVE State WI Zip 53703
Church Fund Designations: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____ (minimum \$5)	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____
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.	

***** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION**

Congregation / Institution Code _____ Envelope Number _____ Date _____ Verifier Initials _____



A simple choice; a generous response

The *Simply Giving*[®] Program

Through *Simply Giving*[®], your offerings are made through a pre-authorized withdrawal from your bank account. You determine the frequency of your automatic donation – weekly, semi-monthly, or monthly – the option is yours.

Your donation or payment is deposited into the recipient's bank account on the same day it is withdrawn from your account.

Benefits to you and...

Your Congregation

Simply Giving[®] is a reliable, safe way to move your stewardship plan into action. It allows you to share your donations through planned giving and activates your generosity into ongoing stewardship. Because your donation is given consistently, you won't need to play "catch-up" at year-end or worry about forgotten checkbooks or missed Sunday offerings. But you're not the only one that benefits. Your congregation benefits from steady, more predictable revenues throughout the year, more efficient bookkeeping, and greater confidence in meeting its financial commitments.

How do I participate?

First make sure the institution you wish to benefit is enrolled in *Simply Giving*[®]. Then complete the form on the reverse side and return it to the congregation or institution that will benefit from your giving.

ENROLLMENT INSTRUCTIONS:

1. Using black ink, complete the personal information section including name, address and telephone numbers.
2. Indicate whether this is a new enrollment/authorization, a change in amount, or a change in bank account.
3. Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form for a new enrollment or change in bank account.
4. **Sign and date the Account Holder Signature section.**
5. Complete the appropriate section with the institution name and address that will benefit from your giving.

For Your Lutheran Congregation offering:

- Designate which fund(s) your donation should go to and the amount.
- Select the frequency of your offering.

6. **Return the completed enrollment form to:**
Bethel Lutheran Church
Attn: Stewardship
312 Wisconsin Ave
Madison, WI 53703

Why does Thrivent Financial for Lutherans offer the *Simply Giving*[®] program?

Thrivent Financial for Lutherans offers *Simply Giving*[®] to further its mission of serving Lutheran congregations and institutions.

Who do I call if I have more questions about the *Simply Giving*[®] program?

Contact the institution benefiting from your giving. Your Thrivent Financial representative may also be able to answer your questions.

How do I cancel or change my authorization?

Contact the institution benefiting from your giving.

PRIVACY / CONFIDENTIALITY: The Authorization Form on the back is seen by the nonprofit Lutheran organizations enrolled in *Simply Giving*[®] as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.

See reverse side for Authorization Form.

