

# 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 Blessed Savior Lutheran Church	City, State, ZIP		Email Address 618-632-0126
Congregation Name 1205 North Lincoln Ave	Congregation Telephone Number O'Fallon, IL 62269		
Congregation Mailing Address	City, State, ZIP		

My Offering																
<table style="width:100%;"> <tr> <th style="text-align: left;">Fund Designations:</th> <th style="text-align: right;">Amount:</th> </tr> <tr> <td>1. General Fund _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>4. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>5. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>6. _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL \$</b></td> <td style="text-align: right;">_____</td> </tr> </table>	Fund Designations:	Amount:	1. General Fund _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____	<b>TOTAL \$</b>	_____
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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.**