Joyful Response® Electronic Offering Program

		-	_	
Enrollment/Change Form				
Complete this form and return it to th	e church office to l	pegin or cha	inge vour current stewardshir	
offering. Your offering will be made a	automatically from	your bank a	account or your LCEF	
StewardAccount®.			-	
Check the appropriate box:				
☐ New enrollment ☐ Offer	ing change	Accour	nt information change	
Please Print in Black Ink				
Member Last Name	First Name	MI	Daytime Telephone	
		07.7.7.0	- January Compilation	
Mailing Address	City, State, 2	IP .	Email Address	
Congregation Name	Congregation Telephone Number			
Congregation Mailing Address	City, State, ZIP			
My Offering				
Fund Designations:		Δα	nount:	
1. General Fund				
2. Building				
3.				
4				
5.				
6.				
		TOTAL		
		TOTAL	\$	
Debiting Account	Trans	sfer Date (check one).	
Debit from:		Weekly (Monday)		
Checking		Semi-monthly (1st and 15th)		
		Monthly on the 1st		
Savings	the state of the s	Monthly on the 15th		
LCEF StewardAccount		Other		
Account Number		(As approved by church office.)		
Routing Number (First nine numbers	Start	date:	_//_	
in bottom left-hand corner of check)	End	date (if any)	://	
Authorization				
I authorize the above-named organ from my account. This authority wil terminate this authorization or until	I remain in effect u	intil I give re	easonable notification to	
Authorized Signature for Account			Date	
TO BE COMPLETED BY CHURCH OFFICE			Attach void chack	

Initials -

Date_

SQ0490

Member ID#_

Vanco Client ID#

or savings deposit

slip here.