Joyful Response® Electronic Offering Program

Enrollment/Change Form

| Complete this form and return it to the offering. Your offering will be made au StewardAccount®. Check the appropriate box: | utomatically from your bank | ange your current stewardship account or your LCEF | |
|---|--|---|--|
| ■ New enrollment ■ Offering Please Print in Black Ink | ng change 🔲 Accou | nt information change | |
| Trease Trite in Black link | | | |
| Member Last Name | First Name MI | Daytime Telephone | |
| Mailing Address | City, State, ZIP | Email Address | |
| ST JAMES LUTHERAN | | 320 543–2766 | |
| Congregation Name PO BOX 680 | Congregation Telephone Number WARD LAKE, MN 55349-0680 | | |
| Congregation Mailing Address | City, State, ZIP | | |
| My Offering | | | |
| Fund Designations: 1. General Fund 2. Building 3. 4. 5. 6. Debiting Account Debit from: Checking Savings LCEF StewardAccount | | day) (1st and 15th) e 1st | |
| Account Number | (As approved b | (As approved by church office.) | |
| Routing Number (First nine numbers in bottom left-hand corner of check) | Start date:// End date (if any):// | | |
| Authorization | | | |
| I authorize the above-named organi from my account. This authority will terminate this authorization or until t | remain in effect until I give r | reasonable notification to | |
| Authorized Signature for Account | | Date | |
| TO BE COMPLETED BY CHURCH OFFICE | | | |
| Mamber ID# | | Attach void check | |

Date -

S00490

Vanco Client ID#_

or savings deposit slip here.