



Joyful Response Electronic Giving Program

Enrollment/Change Form

Complete this form and return it to the church office to begin or change your payment. Your payment will be made automatically from your bank account.

Check the appropriate box:

- New enrollment Payment Change Account information change

Please Print in Black Ink

Member Last Name	First Name	MI	Daytime Telephone
Mailing Address	City, State, Zip	Email Address	

My Contribution to:

Christ Lutheran Vail Church
14600 E Colossal Cave Rd, Vail, AZ 85641
520-468-7075

Fund Designations:

1. Creation School
 2. General Fund
- TOTAL**

Amount:

\$ _____
\$ _____
\$ _____

Debit From

Checking Account Number

Routing Number

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) ____/____/____

Please attach a voided check here.

Authorization

I authorize the above-named organization and Vanco Services, LLC 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