



# 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 (1<sup>st</sup> and 15<sup>th</sup>)  
☐ Monthly on the 1<sup>st</sup>  
☐ Monthly on the 15<sup>th</sup>  
☐ 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