Joyful Giving

AN AUTOMATED GIVING PROGRAM

Enrollment/Change Form

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

Check the appropriate box:

☐ New enrollment ☐ Contribution Change ☐ Account information change

Please Print in Black Ink

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

My Contribution to: CHRIST LUTHERAN VAIL

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

Fund Designations:	**Amount:**
1. General Fund	**$** _____
2. Building Fund	**$** _____
3. Capital Campaign	**$** _____
4. Other – please specify _____	**$** _____
TOTAL	**$** _____

Debit From

Checking Account Number

_____

Routing Number

_____

Please attach a voided check here.

Transfer Date (check one):

☐ Weekly

☐ 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 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**