

Member Enrollment and Authorization Form

Complete this section for **ALL ENROLLMENTS** (Please print in black ink)

Check the appropriate box: <input type="checkbox"/> New enrollment / authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name	First Name	M.I.
	Mailing Address		
	City	State	Zip
	Home Phone	Work Phone	

CONGREGATION DONATIONS

Congregation Name: Zion Lutheran Church		Street Address: 3600 South Chicago Avenue	
City: South Milwaukee		State: WI	Zip: 53172
Church Fund Designations: <input type="checkbox"/> General Fund <input type="checkbox"/> Mortgage Fund <input type="checkbox"/> Evangelism <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Amount Per Donation: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ TOTAL DONATION AMOUNT \$ _____ (minimum \$5)	Frequency of Donation: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on the 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Date of First Donation: _____	
Note: The total amount will be transferred based on the frequency selected at the right			

Complete this section if you want donations to come from your **CHECKING OR SAVINGS ACCOUNT**

Donations should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing Number: _____ <p style="text-align: center;"><i>A valid routing number must start with 0, 1, 2, or 3</i></p> Account Number: _____	REQUIRED: I authorize Zion Lutheran Church to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization. Account Holder Signature: _____ Date: _____
*Attach a voided check or savings deposit slip for a new enrollment or for a change in bank account only	

Complete this section if you want donations to come from your **CREDIT CARD**

Please charge my donation to my (check one):			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card
Credit Card Number:	Validation Code:	Expiration Date:	
Name on Card:			
Billing Address (if different from above):			
REQUIRED: I authorize Zion Lutheran Church to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.			
Signature (as it appears on the credit card) _____		Date: _____	

For Office Use Only: Envelope Number _____ Verifier Initials _____