



# MEMBER ENROLLMENT AND AUTHORIZATION FORM

PLEASE RETURN THE COMPLETED FORM TO THE CHURCH OFFICE.

Effective date of Authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of authorization:  New authorization  Change payment date  
 Change Payment Amount  Change banking information  
 Discontinue Electronic Payment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Payment Frequency: One-Time Recurring (Select one)- Weekly Monthly Annual Other: \_\_\_\_\_

Date of one time payment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: \$ \_\_\_\_\_

Church Fun Designations: Amount per Donation: \_\_\_\_\_

**General/Operating Fund:** \_\_\_\_\_

**A Learning Center of Hope:** \_\_\_\_\_

**Hope Lutheran Foundation:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Date of first payment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of recurring payment: \$ \_\_\_\_\_

## Checking and Saving

Please debit payment from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (staple a voided check below)

Terminate Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Routing Number: \_\_\_\_\_

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

|:123456789

ROUTING  
NUMBER

|:10987654321

ACCOUNT  
NUMBER

|:1111

CHECK  
NUMBER

## Credit Card

Please charge my payment to my (check one):  Visa  MasterCard  American Express  DiscoverCard

Credit Card Number: \_\_\_\_\_

CIN \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I authorize the above organization to charge my credit card in accordance with the information above.

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until the termination date above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_