Joyful Response® Electronic Offering Program

Enrollment/Change Form Complete this form and return it to the offering. Your offering will be made au StewardAccount®. Check the appropriate box: New enrollment Deffering Please Print in Black Ink	tomatically from y	your bank	
Member Last Name	First Name	MI	Daytime Telephone
Mailing Address	City, State, ZI	City, State, ZIP Email Address	
Saint John's Lutheran Church	970-482-5316		
Congregation Name	Congregation Telephone Number		
305 E Elizabeth St	Fort Collins, CO 80524		
Congregation Mailing Address	City, State, ZIP		
My Offering Fund Designations: 1. General Fund 2. Building Missions 3. Preschool 4 5 6			mount: \$ \$ \$ \$ \$ \$ \$
Debiting Account Debit from: Checking Savings LCEF StewardAccount Account Number Routing Number (First nine numbers in bottom left-hand corner of check) Authorization	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)://		
I authorize the above-named organiz	zation to process	debit entri	es from my account.

I authorize the above-named organization 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

TO BE COMPLETED BY CHURCH OFFICE

Attach void check or savings deposit slip here.

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