

Simply Giving

Member Enrollment & Authorization

Electronic Fund Transfer for contributions to Crown of Glory Lutheran Church, Chaska, Minnesota

Please check the appropriate box:

- New enrollment/authorization *
- Change in banking information *
- Change in authorized amount and/or payment date
- Discontinue electronic payments

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Donations/payments should be taken from:

- Checking (please attach voided check)
- Savings (please attach voided savings deposit slip)

Routing Number: _____

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

Account Number: _____

Required:

I authorize Vanco Services, LLC to automatically withdraw donations/payments 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 change in bank account only.**

Congregation Name: Crown of Glory Lutheran Church

Address: 1141 Cardinal St., Chaska, MN 55318

Church Fund Designations

Amount Per Donation (\$5 minimum)

Frequency of Donation

Sustaining Fund \$ _____

Weekly

Special Appeal (Construction Loans) \$ _____

Monthly on _____

Other: _____ \$ _____

Semi-monthly
(1st & 15th per month)

Total Donation Amount: \$ _____

Other: _____

Date of First Donation: _____

Thank you for your support!

Completed by Finance Manager

Member Envelope Number: _____ Verified by: _____