



# Member Enrollment and Authorization Form

Return completed enrollment for to:  
 The Norwegian Memorial Lutheran Church, 924 E 21 St, Minneapolis MN 55404

Complete this section for ALL ENROLLMENTS (Please print in black ink)				
<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name _____		First Name _____	
	Mailing Address _____			M.I. _____
	City _____		State _____	Zip _____
	Home Telephone # _____		Work Telephone # _____	
Donations/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)		<b>REQUIRED:</b> I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw offerings/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.		
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>		Account Holder Signature _____		
Account Number _____		Date _____		
<b>* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY</b>				

Complete this section for Lutheran CONGREGATION DONATIONS			
Congregation Name <b>The Norwegian Lutheran Memorial Church</b>		Street Address <b>924 E. 21st St</b>	
City <b>Minneapolis</b>		State <b>Minnesota</b>	Zip <b>55404-2952</b>
<b>Church Fund Designations:</b> _____ General/Operating \$ _____ _____ Building \$ _____ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____	<b>Amount Per Donation:</b> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ <b>TOTAL DONATION AMOUNT \$ _____</b> (minimum \$5)	<b>Frequency of Donation:</b> (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	
<b>Note:</b> The total amount will be transferred based on the frequency selected.		Date of First Donation _____	

### Instructions:

1. Indicate whether this is a new enrollment, a change in amount, or a change in bank account, at the top-left.
2. Enter your name, address and telephone number to the right.
3. Indicate whether you'd like the deductions to come from a checking or savings account, and enter your account's routing number and account number. If you're unsure, your bank can provide these.
4. Sign and date the Account Holder Signature section.
5. In the box titled "Congregation Donations," enter the amount of your recurring gift to the right of the "General/Operating fund", or of another fund.
6. To the right, choose how often you'd like to donate (for example, "Monthly on the 1st").
7. Complete the "Date of First Donation", for example, the first day of the coming month.
8. If the enrollment is new, attach a voided check or bank deposit slip.
9. Bring the completed form to the church office, or mail to:  
 The Norwegian Lutheran Memorial Church  
 924 E. 21st St  
 Minneapolis, MN 55404-2952

<b>*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION</b>		
Congregation / Institution Code _____	Envelope / Student / Participant Number _____	Verifier Initials _____