## Joyful Response® Electronic Offering Program

## **Enrollment/Change Form**

Complete this form and return it to the church office to begin or change your current stewardship offering. Your offering will be made automatically from your bank account or your LCEF StewardAccount®.

☐ Monthly on the 1st	StewardAccount®.  Check the appropriate box:	.hanga [	<b>□</b>	unt information change	
Mailing Address  City, State, ZIP  Email Address  Congregation Name  Congregation Telephone Number  Congregation Mailing Address  City, State, ZIP  My Offering  Fund Designations:  1. General Fund 2. Building 3. \$ 4. \$ 5. \$ 6. \$  TOTAL \$   Debiting Account  Debit from:    Checking   Savings   Monthly on the 1st     Other   Check on t		:nange L	<b>⊿</b> Acco	unt information change	
Congregation Name  Congregation Telephone Number  Congregation Mailing Address  City, State, ZIP  My Offering  Fund Designations:  1. General Fund  2. Building 3. \$ 4. \$ 5. \$ 6. \$  TOTAL \$  Debiting Account  Debit from:  Checking  Savings  LCEF StewardAccount  Account Number  Routing Number (First nine numbers in bottom left-hand corner of check)  Authorization  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	Member Last Name	First Name	МІ	Daytime Telephone	
Congregation Mailing Address  City, State, ZIP  My Offering Fund Designations: 1. General Fund	Mailing Address	City, State, ZIP		Email Address	
Fund Designations:  1. General Fund  2. Building  3.	Congregation Name		Congre	gation Telephone Number	
Fund Designations:  1. General Fund  2. Building  3.		City, State, ZIP			
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4\$\$ 5\$\$ 6	<u> </u>			\$	
Debiting Account  Transfer Date (check one):  Weekly (Monday)  Semi-monthly (1st and 15th)  Monthly on the 1st  Monthly on the 1st  Other  (As approved by church office.)  Routing Number (First nine numbers in bottom left-hand corner of check)  Authorization  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				\$	
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	Authorized Signature for Account Date				
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Attach void check or savings deposit slip here.

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