

Mail completed form to:
 Community Church of Joy
 21000 N 75th Ave
 Glendale, AZ 85308



Fax completed form to:
 Nancy Thompson
 623-561-5086

Member Enrollment and Authorization Form

Complete This Section for ALL Enrollments: (Please print)			
Last Name	First Name		Middle Initial
Mailing Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number		
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account			

Complete This Section for Lutheran Congregation Donations:			
Congregation Name Community Church of Joy		Street Address 21000 N 75th Ave	
City Glendale	State Arizona	ZIP Code 85308	
Frequency of Funds Transfer: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		Church Fund Designations: General/Operating \$ _____ Debt Retirement \$ _____ Missions \$ _____ Crossing/High School \$ _____ _____ \$ _____ _____ \$ _____ <div style="text-align: right;">TOTAL</div>	
START DATE: _____			
Church Envelope Number: _____			

CHECKING / SAVINGS	Please debit my contribution from my (check one):	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Account Number: _____
	I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____

CREDIT CARD	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____		Date: _____

FOR CONGREGATION/INSTITUTION OFFICE USE ONLY:	
Congregation/Institution Code: _____	Date: _____
Envelope/Participant Number: _____	Verifier Initials: _____