



Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran school receiving your payment.

Complete this section for **ALL ENROLLMENTS** (Please print in black ink)

Check the appropriate box: <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name _____		First Name _____		M.I. _____
	Mailing Address _____				
	City _____		State _____		Zip _____
	Home Telephone # _____		Work Telephone # _____		

SCHOOL TUITION PAYMENTS

School Name: Cross and Crown Lutheran Church		Street Address: 5475 Snyder Lane	
City: Rohnert Park		State: CA	ZIP Code: 94928
(a) Total annual tuition for all family members	\$ _____	Date of first payment: _____	
(b) Number of payments (see below)	_____	Date of last payment: _____	
(c) Amount of each payment (a ÷ b)	\$ _____		
Contact your school for information on: <ul style="list-style-type: none"> • Payment duration options (e.g. 10 months or 12 months) • Date the first and last payments are due • Date that monthly transaction must occur 			

Complete this section if you want payments to come from your **CHECKING OR SAVINGS ACCOUNT**

Payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)	REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw 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 _____ Date _____
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY	

***** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION**

Institution Code: 0018238022T

Student Number _____

Verifier Initials _____