



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 _____
Account Number _____	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 _____