

**Mail completed form to:**  
 Business Manager  
 Immanuel Lutheran Church  
 632 E. Highway N  
 Wentzville, MO 63385

**Fax completed form to:**  
 Business Manager  
 Immanuel Lutheran Church  
 636-639-9944

## JOYFUL RESPONSE® ENROLLMENT AND AUTHORIZATION FORM

### Immanuel Lutheran Church

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

Complete This Section for Contribution Information:		
Congregation Name <b>Immanuel Lutheran Church</b>	Street Address <b>632 E. Highway N</b>	
City <b>Wentzville</b>	State <b>Missouri</b>	Zip Code <b>63385</b>
<b>Frequency of Funds Transfer or Charge: (Please check only one)</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Semi-Monthly (transfer or charge on 1st and 15th of each month)  Start Date _____ Envelope # _____	<b>Funds:</b> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Mortgage-Campaign \$ _____ <input type="checkbox"/> Missions \$ _____ <input type="checkbox"/> Other _____ \$ _____  <b>Amount:</b> <b>Total per frequency \$</b> _____ <b>Total per month \$</b> _____	

CHECKING/SAVINGS	CREDIT CARD
<b>Please debit my contribution from my: (check one)</b> <input type="checkbox"/> Checking Account (attach voided check to form) <input type="checkbox"/> Savings Account (attach savings deposit slip to form)  Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____	<b>Please charge my donation to my: (check one)</b> <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Address if different from above: _____ Credit Card Number: _____ Expiration Date: _____ Name on Card: _____ Address if different from above: _____
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate this authorization.	
<b>AUTHORIZED SIGNATURE:</b> _____ <b>DATE</b> _____	

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