

Simply Giving Enrollment Form

To implement automated contributions, complete this enrollment form and send it to the church or deposit it in the plate offering. If you choose, you may enroll using forms on Trinity's web site (www.trinitycamphill.org). Contact Paul Hensel, Financial Administrator, if you have any questions (737-9921 ext. 223).

Last Name	First Name	Middle Initial
Mailing Address	City	State ZIP code
Home telephone number	Work Telephone Number	Extension
Check the appropriate box: <input type="checkbox"/> New Enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		
Contributions to Trinity Evangelical Lutheran Church, Camp Hill		
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 (Will be transferred on the 1 st and 15 th) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Start Date: _____ Church Envelope Number: _____	Church Fund Designations: General/Operating Capital Campaign _____ _____ _____	Amount: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Privacy/confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in Simply Giving® as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.		
Contributions should be taken from : <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing No. _____ Account No. _____	I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions 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. Authorization Signature: _____ Date _____	
Attach a voided check, savings deposit slip, or checking account deposit slip.		
Contributions should be charged to: <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Account No. _____ Expiration Date _____	I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically charge contributions to my account. This authority will remain in effect until I give reasonable notification to terminate the authorization. Authorization Signature: _____ Date _____	