Joyful Response® Electronic Offering Program

Complete this form and return it to stewardship offering. Your offering vyour LCEF StewardAccount®. Check the appropriate box: New enrollment	vill be made automatically	or change your current from your bank account or until information change
Please Print in Black Ink		
Member Last Name	First Name MI	Daytime Telephone No.
Mailing Address	· City, State, ZIP	E-mail Address
Congregation Name	Cor	ngregation Telephone Number
Congregation Mailing Address	City, State, ZIP	
My Offering	City, State, Zir	
Fund Designations: 1. General Fund 2. Building 3. 4. 5		Amount: \$
Debiting Account	Transfer Date (check one):	
Debit from:		
☐ Checking	Semi-manually (1st and 15th)	
☐ Savings	Monthly on the 1st	
LCEF StewardAccount	☐ Monthly on the 15th ☐ Other	
Account Number	(As approved by church office)	
Routing Number (First nine numbers in bottom left-hand corner of check)	Start date:// End date (if any)://	
Authorization		
I authorize the above-named orgatives from my account. This authorition to terminate this authorization	ity will remain in effect ur	itil I give reasonable notifica-
Authorized Signature for Account		- Date
TO BE COMPLETED BY CHURCH OFFI	CE	Attach void check
Member ID#	Initials Date	or savings deposit slip here.

500490

04/03/00