



Simply Giving Enrollment and Authorization Form

Please return completed enrollment form to Summit Community Church,
or mail it to the office at: 4291 N. Verrado Way #232, Buckeye, AZ 85396

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 #		
Donations/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 offerings/donations/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					

Complete this section for CONGREGATION DONATIONS

Congregation Name: Summit Community Church		Street Address: 4291 N. Verrado Way #232	
City: Buckeye		State: AZ	Zip: 85396
Church Fund Designations: _____ General/Operating \$ _____ _____ Building Fund \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	Frequency of Donation: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	
TOTAL DONATION AMOUNT \$ _____ (minimum \$5)		Date of First Donation _____	
Note: The total amount will be transferred based on the frequency selected.			

*** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION		
Congregation / Institution Code _____	Envelope / Student / Participant Number _____	Verifier Initials _____