Joyful Response® Electronic Offering Program

Enrollment/Change Form Complete this form and return it to the church office to begin or change your current stewardship offering. Your offering will be made automatically from your bank account or your LCEF StewardAccount®. Check the appropriate box: ☐ New enrollment ☐ Offering change ☐ Account information change Please Print in Black Ink Member Last Name First Name Daytime Telephone Mailing Address City, State, ZIP **Email Address** Congregation Name Congregation Telephone Number **Congregation Mailing Address** City, State, ZIP My Offering **Fund Designations:** Amount: 1. General Fund_____ 2. Building _____ TOTAL \$ Debiting Account Transfer Date (check one): ☐ Weekly (Monday) Debit from: Semi-monthly (1st and 15th) Checking Monthly on the 1st ☐ Savings Monthly on the 15th ■ LCEF StewardAccount Other_ (As approved by church office.) Account Number Start date: ___/___/___ Routing Number (First nine numbers End date (if any): ____/___/ in bottom left-hand corner of check) Authorization I authorize the above-named organization to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this

authorization or until the last specified payment date.

Authorized Signature for Account

Date

Initials
Date

500490

Attach void check or savings deposit slip here.

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