Joyful Response® Electronic Offering Program

Enrollment/Change Form Complete this form and return it to the choffering. Your offering will be made auto StewardAccount®. Check the appropriate box: New enrollment Offering Please Print in Black Ink	matically from y	our bank	
Member Last Name	First Name	MI	Daytime Telephone
Mailing Address	City, State, ZI	P	Email Address
Mount Olive Lutheran Church	402-455-8700		
Congregation Name	Congregation Telephone Number		
7301 N 28th Ave	Omaha, NE 68112		
Congregation Mailing Address	City, State, ZIP		
My Offering	•		
Fund Designations: 1. General Fund 2. Missionary - Bush 3. Missionary - Lutz 4. POBLO 5. Building Together (Capital Cam 6.			mount: \$ \$ \$ \$ \$ \$ \$ \$
Debiting Account Debit from: Checking Savings LCEF StewardAccount	Transfer Date (check one): ☐ Weekly (Monday) ☐ Semi-monthly (1st and 15th) ☐ Monthly on the 1st ☐ Monthly on the 15th ☐ Other		
Account Number			by church office.)
Routing Number (First nine numbers in bottom left-hand corner of check)			// y):/
Authorization I authorize the above-named organiza This authority will remain in effect unti authorization or until the last specified Authorized Signature for Account	l I give reasonab		

TO BE COMPLETED BY CHURCH OFFICE

Member ID# ______ Initials _____

Vanco Client ID# _____ Date _____

Attach void check or savings deposit slip here.

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