



**Enrollment Instructions:**

- 1) Complete the personal information section, including name, address and telephone numbers.
- 2) Indicate whether this is a new enrollment/authorization, a change in amount or change in account
- 3) Indicate the account type, routing number and account number.
- 4) Please attach a blank voided check or a savings deposit slip to the form.
- 5) Office representative will complete bottom portion of the form.

Please return the completed form with your registration.

**Member Enrollment and Authorization Form**

**Complete This Section for ALL Enrollments (Please Print)**

Last Name	First Name	Middle Initial
Mailing Address	City	State
Home Telephone Number	Work Telephone Number	ZIP Code
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		
Gifts/payments should be taken from:	<b>REQUIRED:</b>	
<input type="checkbox"/> Checking (attach a voided check)	I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically	
<input type="checkbox"/> Savings (attach a savings deposit slip)	withdraw contributions/tuition payments/donations from my account. I have attached a voided	
<b>Routing Number</b> _____	check or savings deposit slip. This authority will remain in effect until I give reasonable	
Valid routing # must start with 0, 1, 2, or 3	notification to terminate the authorization.	
<b>Account Number</b> _____	<b>Account Holders Signature</b> _____	

**Please Note: Bank returns due to insufficient funds, will incur a 10% or \$25.00 fee (which ever is greater) . Amount will be withdrawn automatically from your account 10 days after the original due date.**

**Please attach a blank voided check**

**Complete This Section for Lutheran School Tuition Payments**

School Name	Bethany Lutheran School	Street Address	1011 Ulatis Drive
City	Vacaville	State	CA.
		ZIP code	95687
Total annual tuition for all family members	\$ _____	Date of first payment:	_____
Divided by number of monthly payments (see below)	_____	Date of last payment:	_____
Amount of each monthly payment	\$ _____		

Please contact your school for information on:  
 Payment duration options (e.g., 10 months or 12 months)  
 Date the first and last payments are due  
 Date during each month that the transaction will occur

**Please list all students first and last names below**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_