

A free electronic stewardship giving opportunity for individuals and ministries of The Lutheran Church—Missouri Synod.



Joyful Response[®]

Now you can make your donations electronically!



Use *Joyful Response* to:

- transfer your stewardship donations directly from your bank or Lutheran Church Extension Fund StewardAccount[®] safely and conveniently.
- help you plan and fulfill your stewardship commitments in a timely manner.
- eliminate the time and cost of writing checks.

Joyful Response service provided by:

Lutheran Church Extension Fund
PO Box 229009 • St. Louis, MO 63122-9009
1-800-843-5233 • www.lcef.org



LCEF is a nonprofit religious organization; therefore, LCEF investments are not SIPC- or FDIC-insured bank deposit accounts. This is not an offer to sell investments or a solicitation to buy. The offer is made only in states where authorized and solely by LCEF's Offering Circular.

Joyful Response[®] Electronic Donation Program

Enrollment/Change Form

Complete this form and return it to the ministry office to begin or change your current stewardship giving. Your donations will be made automatically each month from your bank account or your LCEF StewardAccount[®].

Check the appropriate box:

- New enrollment Donation change Account information change

Please Print in Black Ink

Last Name First Name MI Daytime Telephone No.

Mailing Address City, State, ZIP E-mail Address

Organization Name Organization Telephone Number

Organization Address City, State, ZIP

My Giving Plan

_____ divided by _____ = \$ _____
Total Donation Months to Pay Monthly Transfer Amount

Debiting Account

Debit from:

- Checking
 Savings
 LCEF StewardAccount

Account Number

Routing Number (*First nine numbers in bottom lefthand corner of check*)

Transfer date (check one):

- Semi-monthly (*1st and 15th*).
 Monthly on the 1st.
 Monthly on the 15th.

Start date: ____/____/____

End date: ____/____/____

Authorization

I authorize the above-named organization and Vanco Services, LLC 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

TO BE COMPLETED BY MINISTRY OFFICE

Participant ID# _____ Initials _____
Vanco Client ID# _____ Date _____

**Attach void check
or savings deposit
slip here.**