

Joyful Response®

Our congregation
offers you a way
to respond joyfully
in meeting your
stewardship
commitments.

TRINITY
PRESCHOOL
(845) 778-7057
TrinityPreschoolWalden.com

Use *Joyful Response* to:

- > Give consistently.
- > Help you prepare and fulfill your stewardship plans.
- > Share your generosity efficiently and predictably.

Complete this form and return it to the church office.

Joyful Response service provided by:



Lutheran Church Extension Fund

> where investments build ministry

10733 Sunset Office Drive
Suite 300
St. Louis, MO 63127-1020
800-843-5233
lcef.org



LCEF StewardAccount access features provided through UMB Bank n.a. LCEF is a nonprofit religious organization; therefore, LCEF investments are not FDIC-insured bank deposit accounts. This is not an offer to sell LCEF investments, nor a solicitation to buy. LCEF will offer and sell its securities only in states where authorized. The offer is made solely by LCEF's Offering Circular. Investors should carefully read the Offering Circular, which more fully describes associated risks.



Enrollment 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®.

New enrollment

Please Print in Black Ink

Member Last Name	First Name	MI	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. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
TOTAL	\$ _____

Debiting Account

Debit from:

- Checking
- Savings
- LCEF StewardAccount

Account Number _____

Routing Number (First nine numbers in bottom left-hand corner of check) _____

Transfer Date (check one):

- Weekly (Monday)
- Semi-monthly (1st and 15th)
- Monthly on the 1st
- Monthly on the 15th
- Other _____
(As approved by church office.)

Start date: ____/____/____

End date (if any): ____/____/____

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 CHURCH OFFICE	
Member ID# _____	Initials _____
Vanco Client ID# _____	Date _____

Attach void check or savings deposit slip here.