



## Enrollment Procedures

To enroll in the *Simply Giving*® program for Congregations, Schools and Institutions, the “Set-Up Sheet/Authorization Form” AND three copies of the Electronic Funds Transfer Service Agreement need to be completed and returned to Thrivent Financial for Lutherans in the postage-paid envelope provided. All forms should be typed or printed in black ink. For information on fund designation for congregations, please see the reverse side of this page.

### 1. Set-Up Sheet/Authorization Form

- Complete congregation, school or institution name, mailing address, contact and phone information.
- Provide the name of your Thrivent Financial representative.
- Select one report-delivery option—e-mail or fax.
- Indicate the number of *Simply Giving*® Member Enrollment and Authorization Forms needed.
- For schools and institutions, designate the church-body affiliation of the institution and the institution type.
- For schools only: Indicate the date during the month when funds will be transferred from the participant’s to the institution’s bank account. If participants can choose between two dates for making tuition payments, list each of these dates. (Note: Individual participant payments will be made on one date or the other, but not both.)
- Note any special instructions.

### Authorization for Electronic Transfer of Contributions

This form authorizes Vanco Services, LLC, to deposit contributions or tuition payments to your account and withdraw funds from your account in the event a contribution or payment rejects due to return items such as non-sufficient funds, account closures, etc.

- Complete institution name and mailing address.
- Complete financial institution information, including routing number, account number and account type.
- Sign and date the Authorization form. (Note: Ensure person who signs the form has appropriate signature authority over the institutional bank account.)
- **Attach a voided check or savings deposit slip.**

### 2. Electronic Funds Transfer Service Agreement

This form is the legal agreement between your institution, Thrivent Financial, and Vanco Services, LLC.

- Three copies of the agreement need to be completed—one for your institution, one for Thrivent Financial for Lutherans, and one for Vanco Services, LLC.
- Fill in the name of your institution (“Recipient”) on page 1.
- Fill in the name of your institution, the contact person, and the address of your institution under RECIPIENT in the first column on page 2.
- Date and sign the agreement under RECIPIENT in the second column on page 2. Space for two signatures is provided if required by your institution.
- **Return all three signed copies of the Agreement and the Set-Up Sheet/Authorization Form in the postage-paid envelope provided. After all parties have signed the Agreement, the institutional copy will be returned to you.**

If you have any questions, call Vanco Services, LLC, at 800-675-7430.



### **Congregational Fund Designation**

If your congregation will be using the *Simply Giving*® program for multiple funds (e.g., general, building, etc.), please designate those funds in the Special Instructions section on the Set-Up Sheet. The General/Operating Fund option is pre-set in the program as Fund 1. The Building Fund option is pre-set in the program as Fund 2. The order in which you designate funds (up to a total of six, including general and building) is the order in which fund information will be reported back to your church office.

Introductory letters and instructions provided to your members should include specific instructions on which congregational funds can be contributed to through the *Simply Giving*® program, plus the corresponding line number on the Member Enrollment and Authorization Form for each of those funds. Sample introductory letters are included in the Promotional Materials section of the *Simply Giving*® binder.



**An Automated Giving Program From Thrivent Financial for Lutherans**

**SET-UP SHEET**

PLEASE TYPE OR PRINT IN BLACK INK

Congregation/School/Institution Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Simply Giving® Contact (day-to-day program administration) Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Thrivent Financial Representative \_\_\_\_\_

Report Delivery to Congregation/Institution (check one)

E-mail (address) \_\_\_\_\_  Fax (number) \_\_\_\_\_

Number of Simply Giving® Member Enrollment and Authorization Forms Needed: \_\_\_\_\_ (order in multiples of 50)

**Complete This Section for Schools and Institutions Other Than Congregations**

Church-Body Affiliation:  ELCA  LCMS  WELS  Pan-Lutheran  Other (please specify) \_\_\_\_\_

Institution Type:  
 ECE School  Elementary School  High School  College/University  Seminary  
 Bible Camp/Retreat Center  LSMO  Campus Ministry  Other (please specify) \_\_\_\_\_

**For School Tuition Payments Only:** Monthly Transfer Dates (designate up to two) \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

**Service Center Access** — For access to Vanco’s online Service Center, please provide the following information.

**Administrator** — Has the ability to set up additional users and assign equal or lesser security access.

Name _____	
User ID	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> *Must be exactly 8 characters long and is subject to system availability.
E-mail	_____ *Required for Service Center access.

Special Instructions: \_\_\_\_\_

**FOR VANCO USE ONLY:**

Congregation/School/Institution Code: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_



**An Automated Giving Program From Thrivent Financial for Lutherans**  
**AUTHORIZATION FOR ELECTRONIC TRANSFER OF CONTRIBUTIONS**

PLEASE PRINT OR TYPE IN BLACK INK

Congregation/School/Institution Name

Mailing Address

City

State

ZIP

We authorize Thrivent Financial and Vanco Services, LLC, to initiate CREDIT (for deposit of contributions) and DEBIT (for settlement of returned items) transactions to the account indicated below. This authorization will remain in effect until we notify Thrivent Financial and Vanco Services, LLC, in writing to discontinue the ELECTRONIC TRANSFER.

Name of Financial Institution

Mailing Address

City

State

ZIP

Financial Institution Routing Number (Between these symbols |:|: on the bottom left of check—routing number must begin with a 0, 1, 2 or 3.)

Account Number

Account Type

Checking

Savings

Authorized Account Signature

Title

Date

**Attach voided check or  
savings deposit slip**