

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
HARVEST MISSION INTERNATIONAL, INC. 260-471-5129

Organization Name Organization Telephone Number
PO Box 5430 FT. WAYNE, IN 46895

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

Transfer date (check one):

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

Start date: ____/____/____

End date: ____/____/____

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

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.

X _____
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.