

Planned Stewardship Member Enrollment and Authorization Form

Please return completed enrollment form to St John's Lutheran Church

Complete this section for ALL ENROLLMENTS		
Last Name		First Name
Mailing Address		City State
Home Phone	Work Phone	Email
Mark the appropriate action: <input type="checkbox"/> New enrollment / authorization <input type="checkbox"/> Change in bank account <input type="checkbox"/> Change in authorized amount	Donations / payments from: <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach deposit slip)	Required: I authorize McKern Financial Group, Inc. to automatically withdraw donations/payments from my account. I have attached a voided check or savings deposit slip. The authority will remain in effect until I terminate it. Please contact St. John's Lutheran Church to terminate. Signature _____ Date _____

Complete this section for CONGREGATION DONATIONS	
Donation Amount \$ _____	Frequency of Donation (Please select only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (on the 1st and 15th each month) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th Date of First Donation _____
Note: Total amount transferred is based on frequency selected	

Please attach a voided check or savings deposit slip here.

Privacy/Confidentiality: The information provided is seen by the employees of McKern Financial Group, Inc. and St John's Lutheran Church. We do not share your information with anyone.