

Print and fill out the form and return to:
Janet Pauley
1535 Bahai Dr.
Marysville, OH 43040
or email to jpauley7719 @gmail.com
(Complete the form, scan and email as an attachment)

Joyful Response[®] Electronic Mites Program

Enrollment/Change Form

Complete this form and return it to your District LWML Treasurer 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

Member Last Name	First Name	MI	Daytime Telephone
Mailing Address		City, State, ZIP	Email Address
Society Name	Church Name	Church Telephone Number	
Church Address	City, State, ZIP		

My Giving Mite Plan

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

Debiting Account

Debit from:

- ☐ Checking
☐ Savings
☐ LCEF StewardAccount

Transfer Date (check one):

- ☐ Semi-monthly (1st and 15th)
☐ Monthly on the 1st
☐ Monthly on the 15th
☐ Other _____

Account Number _____

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

Start date: ____/____/____

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

Authorization

I authorize the above-named organization 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 _____
Society ID# _____

Attach void check
or savings deposit
slip here.