Joyful Response®

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



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:



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

Joyful Response® Electronic Offering Program

Enrollment/Change Form

Lindinient/ Change roini	
Complete this form and return it to the ch	nurch office to begin or change your current stewardship
offering. Your offering will be made autor	matically from your bank account or your LCEF
StewardAccount®.	
Check the appropriate box:	
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■ New enrollment Offering change Account information change Please Print in Black Ink Member Last Name First Name MI Daytime Telephone Email Address Mailing Address City, State, ZIP Congregation Telephone Number Congregation Name Congregation Mailing Address City, State, ZIP My Offering **Fund Designations:** Amount: 1. General Fund 2. Building _ 3. 4. TOTAL \$ **Debiting Account** Transfer Date (check one): ■ Weekly (Monday) Debit from: ☐ Semi-monthly (1st and 15th) Checking ■ Monthly on the 1st Savings ☐ Monthly on the 15th ■ LCEF StewardAccount ☐ Other (As approved by church office.) Account Number Start date: / /__/ Routing Number (First nine numbers End date (if any): ____/___/___ in bottom left-hand 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. **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.

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