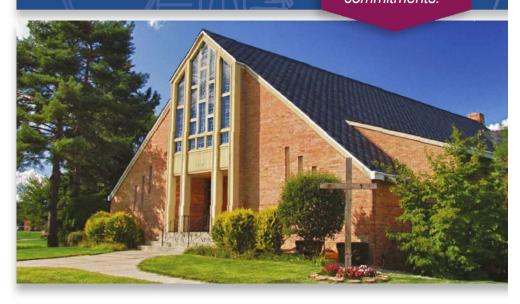
JOYFUL RESPONSE

Joyful Response is an electronic payment program that allows you to faithfully steward your financial resources. It saves you and your church time, money and effort. You control the frequency and amount of payments.

- Make stewardship commitments consistently and conveniently.
- Lose the stress of remembering weekly or monthly to fulfill your contribution plans.
- Save paper, stamps and time.

Our congregation ofers a safe and convenient way to make your stewardship commitments.



Please complete the form on the reverse side and return it to your 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. StewardAccount products are not available to investors in South Carolina. LCEF is a nonprofit religious organization; therefore, LCEF investments are not FDIG-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. The National Office is located at: 10733 Sunset Office Drive, Suite 300, St. Louis, MO 63127-1020. Phone number: 800-843-5233. Website: lcef.org.



Enrollment/Change Form

Complete this form and return it to the church office to begin or change your current stewardship offering. Your offering will be made automatically from your bank account or your LCEF StewardAccount_®. Check the appropriate box: ■ New enrollment Offering change ■ Account information change Please Print in Black Ink Member Last Name First Name М Daytime Telephone **Mailing Address** City, State, ZIP Email Address Congregation Name Congregation Telephone Number **Congregation Mailing Address** City, State, ZIP My Offering Fund Designations: Amount: 1. Local Ministry ____ 2. Missions ____ 3 ____ 4. _ 5. \$ 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 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 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

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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