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

StewardAccount®. Check the appropriate box:		,	account or your LCEF	
New enrollment Offering c	hange	☐ Accour	nt information change	
Please Print in Black Ink				
Member Last Name	First Name	МІ	Daytime Telephone	
Mailing Address	City, State, ZIP		Email Address	
Congregation Name	Congregation Telephone Number			
Congregation Mailing Address	City, State, ZIP			
My Offering Fund Designations: 1. General Fund 2. Building 3. 4. 5. 6.			mount:	
Debiting Account Debit from: Checking Savings LCEF StewardAccount Account Number Routing Number (First nine numbers in bottom left-hand corner of check)	☐ W. ☐ Se ☐ Mo ☐ Ot (As	Transfer Date (check one): Weekly (Monday) Semi-monthly (1st and 15th) Monthly on the 1st Monthly on the 15th Other (As approved by church office.) Start date:// End date (if any)://		
Authorization I authorize the above-named organization or until the last specified position or until the last specified position. Authorized Signature for Account	I give reasonal			

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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