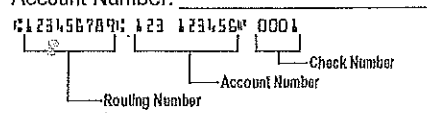


# AUTHORIZATION FORM

The Simply Giving® Program  
endorsed by

**Name of the organization:** St. John's Lutheran Church

 Thrivent Federal Credit Union®

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS: <input type="checkbox"/> General/Operating <input checked="" type="checkbox"/> Improvement <input checked="" type="checkbox"/> Healthy Wolves <input checked="" type="checkbox"/> Grace Meal <del>area</del> Total \$ _____
AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____		
CHECKING / SAVINGS Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3  Account Number: _____ <div style="text-align: center;">  </div>	
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____		

*If using a checking account, please attach a voided check at the bottom of this page.*