## **AUTHORIZATION FORM**

## The **Simply Giving** Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE			
Name of Church						
Effective date of authorization:/						
Type of Authorization Form:  U New Authorization  Change donation amount  Change donation date			Change banking information Discontinue electronic donation			
Last Name			First Name			
Address						
City				Zip		
Email Address						
Please debit my donation from my (check one):  Checking Account (attach a voided check below)			Routing Number:  Valid Routing # must start with 0, 1, 2, or 3			
☐ Savings Account (contact your financial institution for Routing #)			Account Number:  C1211522691 221 1234557 DD01  L			
FIRST DONATION DATE:	FREQUENCY OF DONATION:  Weekly on  Monthly on  Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)			FUNDS AND AMOUNTS:  General/Operating \$ Building \$ Evangelism/Outreach \$  Total \$		
AGREEMENT  I authorize the above church 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:						
Please attach voided check here.						