

AUTHORIZATION FORM

The **Simply Giving®** Program

endorsed by



THRIVENT

FEDERAL CREDIT UNION®

Name of the organization: **St. Paul-Reformation Lutheran Church**

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 donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																
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 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Yearly Note: Please consider giving monthly. More frequent donations incur additional fees as do credit cards so SPR does not receive your total pledge.	<table style="width:100%;"> <tr> <td style="width:50%;">FUNDS:</td> <td style="width:50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> Overall Ministry Support</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> Overall Ministry Support	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	Total	\$ _____
FUNDS:	AMOUNTS:															
<input type="checkbox"/> Overall Ministry Support	\$ _____															
<input type="checkbox"/> _____	\$ _____															
<input type="checkbox"/> _____	\$ _____															
<input type="checkbox"/> _____	\$ _____															
<input type="checkbox"/> _____	\$ _____															
Total	\$ _____															
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: _____ 														
	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: _____															
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card															
	Card Number:	Expiration Date:														
	Name on Card:															
	Billing Address (if different from above):															
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____															

If using a checking account, please attach a voided check over the credit/debit card section above.