

AUTHORIZATION FORM

The **Simply Giving** Program

endorsed by



Name of the organization: **Mount Calvary Lutheran Church**
3930 Rahn Road
Eagan, MN 55122

FOR OFFICE USE ONLY	GIVING #	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"/> Semi-Monthly (transferred on 1 st & 15 th of each month)	FUNDS: <input type="checkbox"/> Mission Mount Calvary Annual Fund (General Fund)
		AMOUNT: \$ _____
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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: _____

If using a checking account, please attach a voided check here.