

AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR#	DATE
Name of Church _____		
Effective date of authorization: ____ / ____ / ____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing#)		Routing Number: _____ <i>Valid Routing# must start with 0, 1, 2, or 3</i> Account Number: _____
FIRST DONATION DATE: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Semi-Monthly (1 st and 15 th) <input type="checkbox"/> Monthly 1 st <input type="checkbox"/> Monthly 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ Total \$ _____
AGREEMENT I authorize the above church and Vanco Services, LLC 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: _____		

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Please attach voided check here.

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