AUTHORIZATION FORM

The Simply Giving Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Name of Church Trinity Lutheran Church

*Effective date of authorization: ____/____/____

*Type of Authorization Form:
- ☐ New Authorization
- ☐ Change donation amount
- ☐ Change donation date
- ☐ Change banking information
- ☐ Discontinue electronic donation

*Last Name	*First Name

*Address

*City	*State	*Zip

*Email Address

*Please debit my donation from my (check one):
- ☐ Checking Account (attach a voided check below)
- ☐ Savings Account (contact your financial institution for Routing #)

*Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

*Account Number: _____

⑆ 2 5 6 5 8 7 8 9 8 ⑆ 6 7 3 8 7 5 4 3 2 0 ⑈ 0 0 0 1
Routing Number — Account Number — Check Number

FIRST DONATION DATE:	*FREQUENCY OF DONATION:	*FUNDS AND AMOUNTS:
*____/____/____	☐ Weekly on _____ ☐ Monthly on _____ ☐ Semi-Monthly (transferred on 1st and 15th of each month)	☐ General/Operating $_____ ☐ Building $_____ ☐ Evangelism/Outreach $_____ ☐ Parsonage $_____ ☐ _____ $_____ **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:_____

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Please attach voided check here.