

AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	DONOR #: _____	DATE: _____
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Name of the 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
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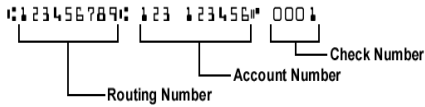
Address _____

City	State	Zip
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Email Address _____

DONATION:

<p>Date of first donation: ____/____/____</p> <p>Date of last donation (optional): ____/____/____</p>	<p>Frequency of donation: (please check one)</p> <p><input type="checkbox"/> Monthly on the _____</p> <p><input type="checkbox"/> Weekly on the _____</p> <p><input type="checkbox"/> Bi-Weekly (every other week)</p> <p><input type="checkbox"/> One Time</p>	<p>Funds and donation amounts:</p> <p><input type="checkbox"/> General Operating \$ _____</p> <p><input type="checkbox"/> Building \$ _____</p> <p><input type="checkbox"/> Evangelism / Outreach \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p>
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<p>Please debit payments/donations from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i></p> <p>Account Number: _____</p> <p style="font-size: small;">  </p>
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AGREEMENT

I authorize the above school 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: _____

