# AUTHORIZATION FORM

The Simply Giving Program
endorsed by
Thrivent Financial Bank

| FOR OFFICE USE ONLY | DONOR #: | DATE: |
|---|---|---|

Name of the 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 | | |

## DONATION:

**Date of first donation:**
_____/_____/_____

**Date of last donation** (optional):
_____/_____/_____

**Frequency of donation:** (please check one)

- ❑ Monthly on the _____
- ❑ Weekly on the _____
- ❑ Bi-Weekly (every other week)
- ❑ One Time

**Funds and donation amounts:**

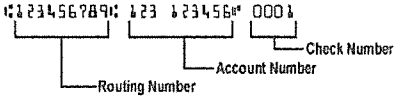
- ❑ General Operating $ _____
- ❑ Building $ _____
- ❑ Evangelism / Outreach $ _____
- ❑ _____ $ _____
- ❑ _____ $ _____

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: _____




**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:_____

***Please staple voided check here.***