

# AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Name of the organization: \_\_\_\_\_

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		

Date of first payment: ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <p style="text-align: right;"><b>Total</b> \$ _____</p>
--	--	--

<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <small>                     *1234567890 123 123456* 0001                       ----- ----- -----                       Routing Number Account Number Check Number                 </small>
	I authorize the above organization and Vanco Services 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: _____	

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____

**Please attach voided check over credit card section above if using checking account.**