

# 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"/> Weekly (Friday) <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> Semi-Monthly (1 <sup>st</sup> and 15 <sup>th</sup> ) <input type="checkbox"/> Monthly 1 <sup>st</sup> <input type="checkbox"/> Monthly 15 <sup>th</sup>	FUNDS AND AMOUNTS:  <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____  Total \$ _____
<b>AGREEMENT</b> 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 attach voided check here.*

-----  
 |  
 |