

AUTHORIZATION FORM

The **Simply Giving[®]** Program

endorsed by



THRIVENT
FEDERAL CREDIT UNION[®]

Name of the organization: Saint Peter Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE	
Effective date of authorization: ___/___/___			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ___/___/___	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ Total \$ _____
ANNUAL CONTRIBUTIONS			
<input type="checkbox"/> Easter offering	\$ _____	Date to be transferred	___/___/___
<input type="checkbox"/> Thanksgiving offering	\$ _____	Date to be transferred	___/___/___
<input type="checkbox"/> Christmas offering	\$ _____	Date to be transferred	___/___/___
CHECKING / SAVINGS	Please debit my donation from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Valid Routing # must start with 0, 1, 2, or 3
	<input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____
1234567890 123 1234567 0001 └───┬──────────┬──────────┬──┘ Routing Number Account Number Check Number			
I authorize the above organization 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: _____			

If using a checking account, please attach a voided check at the bottom of this page.