AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Our Savior's Lutheran Church

Effective date of authorization: _____/_____/_____

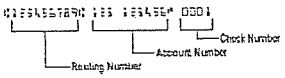
Type of Authorization Form:
- ☐ New Authorization
- ☐ Change donation amount
- ☐ Change donation date
- ☐ Change banking information
- ☐ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

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: _____



FIRST DONATION DATE:

_____/_____/_____

FREQUENCY OF DONATION:
- ☐ Weekly on Monday
- ☐ Weekly on Friday
- ☐ Semi-monthly (transferred on 1st and 15th of each month)
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th

FUNDS AND AMOUNTS:
- ☐ General Operating $_____
- ☐ Good Samaritan $_____
- ☐ Catch the Spirit $_____
- ☐ Additional Debt $_____

Total $_____

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 attach voided check here.