AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE	
Effective date of authorization:	/				
	 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:			
FIRST DONATION DATE:	FREQUENCY OF DONATION:	QUENCY OF DONATION: FUNDS		TS:	
	 Weekly on Monday Weekly on Friday 		General/Operating	\$	
	□ Semi-monthly		Endowment &	\$ \$	
	(transferred on 1 st and 15 th of each m ☐ Monthly on the 1 st	nonth) Special Projects Fund		¥	
	Monthly on the 15 th		 2nd Pastor Fund School Fees 	\$	
				⊸ 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.					