AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Name of 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		

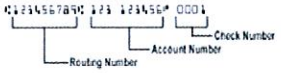
Please debit my donation from my (check one):

❑ 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 _____
- ❑ Monthly on _____
- ❑ Semi-Monthly (transferred on 1st and 15th of each month)

FUNDS AND AMOUNTS:

- ❑ General/Operating $_____
- ❑ Building $_____
- ❑ Evangelism/Outreach $_____
- ❑ _____ $_____
- ❑ _____ $_____

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.