## **AUTHORIZATION FORM**

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

FOR OFFICE USE ONLY	DONOR #:		DATE:	
Name of the Church;  Effective date of authorization:  Type of Authorization Form:		☐ Change	banking information nue electronic donation	·
Last Name		First Name		
Address		· · ·		
City		State	Zip	
Email Address	<del></del>			
DONATION:				
Date of first donation: //  Date of last donation (optional)://	Frequency of donation: (pleas  Monthly on the Weekly on the Bi-Weekly (every other week One Time	_	Funds and donation amounts  General Operating Building Evangelism / Outreach  Guarantee	\$ \$ \$
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:		
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 staple voided check her	re.		