AUTHORIZATION FORM

The **Simply Giving** Program endorsed by Thrivent Federal Credit Union

Name of the organization: Emanuel Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:

- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	*First Name*	
Address		
City	*State*	*Zip*
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

- ❑ Weekly on Monday
- ❑ Weekly on _____
- ❑ Monthly on the 1st
- ❑ Monthly on _____
- ❑ Semi-Monthly _____ (1st and 15th)

FUNDS: / **AMOUNTS:**

- ❑ General Op/Current Exp/ Salaries $_____
- ❑ Missions $_____
- ❑ Building Fund $_____
- ❑ Preschool $_____
- ❑ Other _____ $_____

Total $_____

CHECKING / SAVINGS

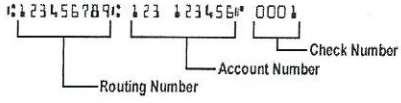
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account 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.