

AUTHORIZATION FORM

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

Name of the organization: Holy Trinity Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ___/___/___		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ___/___/___	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Mission <input type="checkbox"/> World Hunger <input type="checkbox"/> _____ <div style="text-align: right;">AMOUNTS:</div> \$ _____ \$ _____ \$ _____ <div style="text-align: right;">Total</div>
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small>⑆123456789⑆ 123 4567 0001</small> <div style="display: flex; justify-content: space-around; font-size: small;"> └── Routing Number └── Account Number └── Check Number </div>
	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.