AUTHORIZATION FORM

The Simply Giving Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

St. John Lutheran Church

Effective date of authorization: _____/_____/_____

Type of Authorization Form:

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

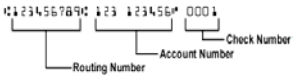
Last Name	First Name	
Address		
City	State	Zip
Email Address		

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

FUNDS AND AMOUNTS:

- ❑ General $_____
- ❑ Missions $_____
- ❑ Education $_____

Total $_____

AGREEMENT

I authorize the above church 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.