
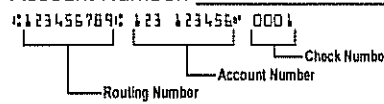


AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Grace Lutheran Church		504747202
Effective date of authorization: ____/____/____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State Zip
Email Address		
FIRST DONATION DATE: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Bi-weekly on Monday <input type="checkbox"/> Bi-weekly on Friday <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	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 if using checking account.