AUTHORIZATION FORM

The **Simply Giving** Program
endorsed by
$\mathcal{V}$ *Thrivent Federal Credit Union*

Name of the organization: Immanuel 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:	FUNDS:	AMOUNTS:
_____/_____/_____	❏ Weekly – Mondays ❏ Monthly on the 1st ❏ Monthly on the 15th	❏ General/Operating ❏ 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: _____

⑆123456789⑆ 123 123456⑈ 0001
└─ Check Number
└─ Account Number
└─ Routing 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:_____

CREDIT / DEBIT CARD

Card Brand (check one): ❏ Visa   ❏ MasterCard

Card Number:	Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____