# AUTHORIZATION FORM

**Trinity Lutheran Church**

The **Simply Giving®** Program
endorsed by
THRIVENT
FEDERAL CREDIT UNION®

| 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 – Mondays
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th

**FUNDS:**
- ☐ General/Operating
- ☐ Other_____

**AMOUNTS:**
$_____
$_____
**Total** $_____

**ANNUAL CONTRIBUTIONS**

| | | |
|---|---|---|
| ☐ Easter offering | $ _____ | Date to be transferred _____/_____/_____ |
| ☐ Thanksgiving offering | $ _____ | Date to be transferred _____/_____/_____ |
| ☐ Christmas offering | $ _____ | Date to be transferred _____/_____/_____ |

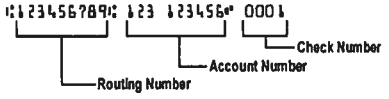
**CHECKING / SAVINGS**

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.***