AUTHORIZATION FORM

The Simply Giving® Program endorsed by Thrivent Financial Bank®

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Good Shepherd Lutheran Church 504750543

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:
E-mail Address:		

Date of first payment:
_____/_____/_____

Frequency of Donation:

- ☐ Weekly on Mondays
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th
- ☐ Semi-Monthly (transferred on 1st and 15th of each month)

Funds and Amounts:

- ☐ General/Operating $_____
- ☐ Building Fund $_____

Total $_____

Checking / Savings

Please debit my donation from my (check one):

- ☐ Savings Account (contact your financial institution for Routing Number)
- ☐ Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing Number must start with 0, 1, 2, or 3

Account Number: _____

:123456780: 11000123456: 0001

Routing Number | Account Number | Check

I authorize the above organization and Vanco Services 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 Card

Please charge my donation to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

Credit Card Number: Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.

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

Submit