

AUTHORIZATION FORM

Church name:	
Your name:	
Address:	
City, State, Zip:	
Email address:	
I would like to make the following contribution(s):	
<input type="checkbox"/> General Operating Fund	\$ _____
<input type="checkbox"/> Building Fund	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<i>Total</i>	\$ _____
Date of first contribution: ___/___/___	
Frequency of contribution (check one):	
<input type="checkbox"/> Weekly – Mondays	
<input type="checkbox"/> Semi-monthly – 1 st and 15 th	
<input type="checkbox"/> Monthly on the 1 st	
<input type="checkbox"/> Monthly on the 15 th	

CHECKING / SAVINGS

Complete this section if using your checking or savings account

Please debit my (check one):

- Checking account—attach voided check Savings account—attach voided deposit slip

Routing #:

Account #:

Valid routing # must start with 0, 1, 2 or 3

I authorize the above organization and Vanco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: / /

The Simply Giving Program
endorsed by
Thrivent Financial Bank