


AUTHORIZATION FORM

The Simply Giving Program
endorsed by
 Thrivent Financial Bank

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE	
Name of Church <u>St. John's Lutheran church of Pearl city</u>					
Effective date of authorization: ____ / ____ / ____					
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation					
Last Name			First Name		
Address					
City			State	Zip	
Email Address					
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)			Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="text-align: center;"><div>02751567890123456789012345678901</div><div>Routing Number Account Number Check Number</div></div>		
FIRST DONATION DATE: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)		FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input checked="" type="checkbox"/> Improvement \$ _____ <input checked="" type="checkbox"/> Healthy Wolves \$ _____ <input checked="" type="checkbox"/> Grace Meal \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____		
AGREEMENT I authorize the above church and Vanco Services, LLC 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.