AUTHORIZATION FORM

The Simply Giving Program
endorsed by
Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Name of Church St. John's Lutheran Church of Pearl City

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
Email Address		

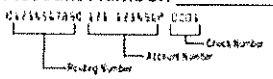
Please debit my donation from my (check one):

☐ Checking Account (attach a voided check below)

☐ Savings Account (contact your financial institution for Routing #)

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

Account Number: _____



FIRST DONATION DATE:

____/____/____

FREQUENCY OF DONATION:

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

FUNDS AND AMOUNTS:

- ☐ General/Operating $_____
- ☐ Improvement $_____
- ☐ Healthy Wolves $_____
- ☐ ___ Grace Meal ___ $_____
- ☐ _____ $_____

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.