AUTHORIZATION FORM

The Simply Giving Program endorsed by Intrivent Financial Bank

FOR OFFICE USE ONLY		in the section of the	Charles and the Control of the Contr	Management of the	
FOR OFFICE OSE ONLY	ENVELOPE/DONOR #	ett och den annen med din anna van urbenanassen	DATE	***************************************	
Name of Church St. John's	Lutheran Church of Pea	arl City			
Effective date of authorization: _	1 1		MANANAMIN PROPERTY PROCESS AND		
		_			
Type of Authorization Form:	☐ New Authorization ☐ Chan ☐ Change donation amount ☐ Disco		ge banking information ntinue electronic donation		
	☐ Change donation date		Thinds steemen a dendarding		
Last Name	First Name		Vame	Mindin	
Address	1. A. A. C.				
City		State	Zip	**************************************	
Email Address				TRAILING	
Please debit my donation from m	y (check one):	Routir	g Number:		
Checking Account (attach a voided check below)		Valid I	Valid Routing # must start with 0, 1, 2, or 3		
☐ Savings Account (contact your financial institution for Routing #)		Account Number:			
		1 1	Attentions		
	A top come as a second management of the contract of the contr		Pecked Kyntan		
FIRST DONATION DATE:	FREQUENCY OF DONATION:		FUNDS AND AMOUNTS:		
	☐ Weekly on		General/Operating \$		
	Semi-Monthly		Improvement \$ Healthy Wolves \$		
	(transferred on 1 st and 15 th of eac	h month)	☐ Healthy Wolves \$ ☐ Grace Meal \$		
			<u> </u>		
			Total \$		
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AGREEMENT					
authorize the above church and will remain in effect until Lorovide	Vanco Services, LLC to process debi reasonable notification to terminate t	t entries to	my account. I understand that this authori	ity	
	reasonable notification to temphate t	ne aumonz	ацоп.		
Authorized Signature:			Date:		
indonen mangen ja ja da 18 km maja ja 	######################################	William Mindred			
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