

AUTHORIZATION FORM

The **Simply Giving**® Program

endorsed by



Name of the organization: Trinity Lutheran Church

Updated: 2013

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____ Type of authorization: <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		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – on Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Monthly on the _____ <input type="checkbox"/> Other _____	Church Fund Designation <input type="checkbox"/> General/Operating <input type="checkbox"/> Debt Reduction <input type="checkbox"/> Evangelism / Outreach <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
		Amount per Donation \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> I confirm the checking or savings account Routing Number and Account Number entered to the right are accurate <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize the above organization 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: _____	

If using a checking account, please attach a voided check at the bottom of this page.