


# CHANGE AUTHORIZATION FORM

The **Simply Giving** Program  
 endorsed by  
 Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Name of the church: Trinity Lutheran Church      Effective date of authorization: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Type of Change Authorization Form:
- |                                                     |                                                          |
|-----------------------------------------------------|----------------------------------------------------------|
| <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
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Address

City	State	Zip
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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 instituion for Routing #)	Routing Number: _____ (Valid Routing # must start with 0,1,2, or 3)  Account Number: _____
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FIRST DONATION DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-Monthly (transferred on 1st and 15th of each month) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General Fund                   \$ _____ <input type="checkbox"/> Capital Improvement Fund   \$ _____  TOTAL   \$ _____
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**AGREEMENT**  
 I authorize Trinity Lutheran 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: \_\_\_\_\_

