


NEW AUTHORIZATION FORM

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

FOR OFFICE USE ONLY

ENVELOPE/DONOR #

DATE

Name of the church: Trinity Lutheran Church Effective date of authorization: _____/_____/_____

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 instituion for Routing #)

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

Account Number: _____

FIRST DONATION DATE: _____/_____/_____

FREQUENCY OF DONATION:

- Weekly on Monday
- Weekly on Friday
- Semi-Monthly
(transferred on 1st and 15th of each month)
- Monthly on the 1st
- Monthly on the 15th

FUNDS AND AMOUNTS:

- General Fund \$ _____
- Capital Improvement Fund \$ _____
- TOTAL \$ _____

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: _____

Please attach voided check here.