## **Authorization Form**

The **Simply Giving** Program endorsed by

Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE
Name of Church:  Effective Date of Authorization:/  Type of Authorization Form:			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
Please debit my donation from m  Checking Account (attach a voided check below)  Savings Account (contact you financial institution for Routing at the contact you financial institution for Ro	ur #) <b>REQUENCY OF DONATIC</b> Weekly on	Account Number:    1:999886777   1:0012:   Routing   Account Number   Acco	D AMOUNTS: al/Operating \$
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.			