

AUTHORIZATION FORM

The Simply Giving Program
endorsed by
Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR # _____	DATE _____
Hainesville Lutheran Church		
Effective date of authorization: _____ / _____ / _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name _____	First Name _____	
Address _____		
City _____	State _____	Zip _____
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 institution for Routing #)		
Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>	Account Number: _____	
_____ / _____ / _____	<input type="checkbox"/> General Budget \$ _____ <input type="checkbox"/> Synod Benevolence \$ _____ <input type="checkbox"/> World Hunger \$ _____ <input type="checkbox"/> Other \$ _____	Total \$ _____
FIRST DONATION DATE: _____ / _____ / _____	FREQUENCY OF DONATION: <input type="checkbox"/> Twice-Monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st	
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: _____