

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by



Name of the organization: FAITH LUTHERAN CHURCH

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 – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly on the 1 st & 15 th	FUNDS: <input type="checkbox"/> General Operating <input type="checkbox"/> Repair & Maintenance <input type="checkbox"/> Upon This Rock Capital Campaign <input type="checkbox"/> Other _____ <div style="text-align: right;">Total</div>
AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____		
ANNUAL CONTRIBUTIONS		
<input type="checkbox"/> Easter offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Thanksgiving offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas offering	\$ _____	Date to be transferred ____/____/____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <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: _____		
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit/debit card section above.