AUTHORIZATION FORM

The **Simply Giving** Program endorsed by Thrivent Federal Credit Union

Name of the organization: _____

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: ____/____/____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS:	AMOUNTS:
____/____/____	❑ Weekly – Mondays	❑ General/Operating	$_____
	❑ Monthly on the 1st	❑ Building	$_____
	❑ Monthly on the 15th	❑ Evangelism/Outreach	$_____
	❑ Semi-Monthly (transferred on 1st &15th of each month)	❑ _____	$_____
		❑ _____	$_____
		Total	$_____

CHECKING / SAVINGS

Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 123456⑈ 0001

Routing Number — Account Number — Check 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): ❑ Visa ❑ MasterCard ❑ American Express ❑ 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.