



# SIMPLY GIVING

<b>Contribution Envelope #</b>		<b>DATE</b>	
<b>Effective date of authorization:</b> ____/____/____			
<b>Type of authorization:</b> New authorization <input type="checkbox"/> Change contribution amount <input type="checkbox"/> Change contribution date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue Simply Giving <input type="checkbox"/>			
Last Name		First Name	
Address			
City		State                      Zip	
Email Address			
<b>Contribution Frequency:</b> <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly - 1st <input type="checkbox"/> Monthly - 15th <input type="checkbox"/> Semi-monthly - 1st and 15th			
Date of first contribution ____/____/____		Total amount of contribution: \$ _____	
<b>C H E C K I N G / S A V I N G S</b>	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____  	
	I authorize Dilworth Lutheran Church 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: _____		
<b>C R E D I T / D E B I T  C A R D</b>	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize Dilworth Lutheran Church to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____		Date: _____	
<i>If using a checking account, please attach a voided check over the credit card section.</i>			