
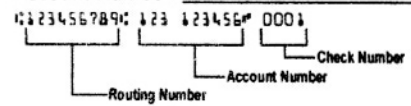


AUTHORIZATION FORM

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

Name of the organization: Christ Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE						
Effective date of authorization: ____/____/____ Type of authorization: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> New authorization</td> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Change donation date</td> </tr> <tr> <td><input type="checkbox"/> Change banking information</td> <td><input type="checkbox"/> Discontinue electronic donation</td> <td></td> </tr> </table>			<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	
<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	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____ AMOUNTS: \$ _____ \$ _____ Total \$ _____						
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: _____							

If using a checking account, please attach a voided check at the bottom of this page.