
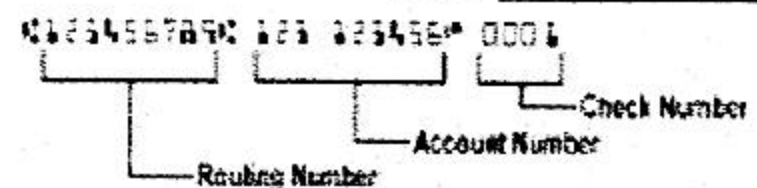


AUTHORIZATION FORM

The **Simply Giving** Program
 endorsed by
 Thrivent Financial Bank

| | | |
|---|--|--|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
| St. Peter Lutheran Church | | 504746537 |
| 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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  |
| FIRST DONATION DATE: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month) | FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Missions \$ _____ <input type="checkbox"/> Property and Maintenance \$ _____ <input type="checkbox"/> Lutheran Social Services \$ _____ <input type="checkbox"/> Organ \$ _____ Total \$ _____ |
| AGREEMENT I authorize the above 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: _____ |

Please attach voided check here.