# AUTHORIZATION FORM

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

| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | |
|---|---|---|

Trinity Lutheran Church - Monticello Minnesota

[redacted]

Type of Authorization:

- ❑ New Authorization
- ❑ Discontinue electronic donation
- ❑ Change donation amount
- ❑ Change banking information
- ❑ Change donation date

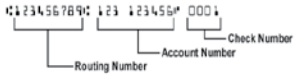
| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |
| Email Address | | |

Please debit my donation from my (check one):

- ❑ Checking Account (attach a voided check below)
- ❑ 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:**

- ❑ Weekly on Monday
- ❑ Weekly on Friday
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Semi-Monthly
  (transferred on 1st and 15th of each month)

**FUNDS AND AMOUNTS:**

- ❑ General/Operating $_____

**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:_____

***New Participants, please attach voided check here.***

***Not required for change of amounts or cancellation***