AUTHORIZATION FORM

The Simply Giving Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Name of the church: Trinity Lutheran Church - Monticello, Minnesota

Effective date of authorization: _____/_____/_____

Type of Authorization Form: ☐ New Authorization ☐ Change banking information ☐ Change donation amount ☐ Change donation date

Last Name		First Name	
Address			
City		State	Zip
Email Address			

Please debit my donation from my (check one):

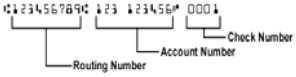
☐ Checking Account (attach a voided check below)

☐ 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:	FUNDS AND AMOUNTS:
_____/_____/_____	☐ Weekly on Monday ☐ Weekly on Friday ☐ Semi-monthly (transferred on 1st and 15th of each month) ☐ Monthly on the 1st ☐ Monthly on the 15th	☐ General Fund (Operating) $_____ ☐ Building Fund (Mortgage) $_____ ☐ Other_____ $_____ **Total** $_____

AGREEMENT

I authorize Trinity Lutheran Church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification (30 days or more) to terminate the authorization.

Authorized Signature:_____ Date:_____

Please attach voided check here.