AUTHORIZATION FORM

The Simply Giving® Program
endorsed by
THRIVENT

FEDERAL CREDIT UNION®

Name of the organization: St. John Lutheran Church, Plymouth, WI

FOR OFFICE USE ONLY		ENVELOPE #		DATE	
Effective date of authorization:// Type of authorization: New authorization: Change banking			Change donation amount Discontinue electronic donat	☐ Change donation date tion	
Last Name			First Name		
Address					
City				State Zip	
Email Address					
		QUENCY OF DONATION: Weekly – Mondays Weekly – Fridays Bi-Weekly (every other week) Monthly on the 1 st Monthly on the 15 th	FUNDS: General/Operating Missions Debt Retirement Other	\$\$ \$\$ \$\$ Total \$	
ANNUAL CONTRIBUTIONS Easter offering \$ Date to be transferred// Thanksgiving offering \$ Date to be transferred// Christmas offering \$ Date to be transferred//					
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing Number		
CHECKII	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.