

# AUTHORIZATION FORM

The **Simply Giving**® Program

endorsed by



Name of the organization: **St. John's Evangelical Lutheran Church**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <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"/> Monthly on the _____ <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Debt Retirement <input type="checkbox"/> Evangelism/Outreach <input type="checkbox"/> Capital Campaign <input type="checkbox"/> Other _____
AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <p style="text-align: right;"><b>Total</b></p>		
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ ⑆ 2 3 4 5 6 7 8 9 0 ⑆ 1 2 3 ⑆ 2 3 4 5 6 ⑆ 0 0 0 1 ⑆ Routing Number      Account Number      Check 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.*