

AUTHORIZATION FORM

The **Simply Giving**® Program

endorsed by



THRIVENT
FEDERAL CREDIT UNION®

Please note: changes may take up to two weeks to take effect.

Name of the organization: **ENGLISH LUTHERAN CHURCH**
1509 KING STREET, LA CROSSE, WI 54601

SHADED AREA 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 (circle one if choosing first two options): <input type="checkbox"/> Weekly – Mondays OR Fridays <input type="checkbox"/> Monthly on the 1 st OR 15 th <input type="checkbox"/> Semi-Monthly on the 1 st AND 15 th	FUNDS: <input type="checkbox"/> General/Operating	AMOUNT: \$ _____
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CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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.

John Doe
123 Main St
Anywhere US 10111

Date: _____

PAY TO THE ORDER OF: **VOID** \$ _____

_____ DOLLARS

Your Bank
456 Main St
Anywhere US 10111

MEMO: _____

⑆ 23956789 ⑆ ⑆0000239⑆ 0790