

AUTHORIZATION FORM



The Simply Giving Program
 endorsed by
 Thrivent Financial Bank

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|---|---|--|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
| Upper Dublin Evangelical Lutheran Church 504735462 Effective date of authorization: ____/____/____ Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Email Address | | |
| Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) | | Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ |
| FIRST DONATION DATE: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month) | FUNDS AND AMOUNTS: <input type="checkbox"/> General/Current \$ _____ <input type="checkbox"/> Building/Mortgage \$ _____ <input type="checkbox"/> Benevolence/Evangelism \$ _____ <input type="checkbox"/> Homeless/Social \$ _____ <input type="checkbox"/> Build to Serve \$ _____ <p style="text-align: right;">Total \$ _____</p> |
| AGREEMENT I authorize the above 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 to terminate the authorization. Authorized Signature: _____ Date: _____ | | |

Please attach voided check here.