


AUTHORIZATION FORM

The **Simply Giving** Program
 endorsed by
 Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Name of the organization: _____

Effective date of authorization: ____/____/____

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

Last Name	First Name	
Address		
City	State	Zip
Email Address		

Date of first payment: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
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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: _____ <div style="font-size: small; margin-top: 5px;"> #1234567890 123 1234567 0001 └─ Routing Number └─ Account Number └─ Check Number </div>
I authorize the above organization and Vanco Services 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: _____		

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
Credit Card Number:		Expiration Date:
Name on Card:		
Billing Address (if different from above):		
I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____		

Please attach voided check over credit card section above if using checking account.