

# AUTHORIZATION FORM

The Simply Giving® Program

endorsed by



**THRIVENT**  
FEDERAL CREDIT UNION®

Name of the organization: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>														
Effective date of authorization: ____/____/____																
<b>Type of authorization:</b> <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																
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> & 15 <sup>th</sup> of each month)	<b>FUNDS:</b> <table style="width:100%; border:none;"> <tr><td><input type="checkbox"/> General/Operating</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Building</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Evangelism/Outreach</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr> <tr><td colspan="2" style="text-align:right;"><b>Total</b></td></tr> <tr><td colspan="2" style="text-align:right;"><b>\$ _____</b></td></tr> </table>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Evangelism/Outreach	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<b>Total</b>		<b>\$ _____</b>	
<input type="checkbox"/> General/Operating	\$ _____															
<input type="checkbox"/> Building	\$ _____															
<input type="checkbox"/> Evangelism/Outreach	\$ _____															
<input type="checkbox"/> _____	\$ _____															
<input type="checkbox"/> _____	\$ _____															
<b>Total</b>																
<b>\$ _____</b>																
<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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  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: _____														
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card															
	Card Number:	Expiration Date:														
	Name on Card:															
	Billing Address (if different from above):															
	I authorize the above organization to process transactions in accordance with the information above.															
Signature (as it appears on the card): _____		Date: _____														

*If using a checking account, please attach a voided check over the credit/debit card section above.*