

# AUTHORIZATION FORM

The **Simply Giving**® Program  
endorsed by



Name of the organization: Temple Lutheran Church

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
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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
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Address

City	State	Zip
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Email Address

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS:	AMOUNTS:
____/____/____	<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"/> General/Operating <input type="checkbox"/> Roof <input type="checkbox"/> Other	\$ _____ \$ _____ \$ _____ \$ _____ <b>Total</b>

**ANNUAL CONTRIBUTIONS**

<input type="checkbox"/> Easter offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Thanksgiving offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas offering	\$ _____	Date to be transferred ____/____/____

<b>CHE CKI NG / SAV ING S</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: _____ 
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.*