AUTHORIZATION FORM

The Simply Giving® Program
endorsed by
Thrivent Federal Credit Union®

Name of the organization: _____

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: ____/____/____

Type of authorization:
- ❑ 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 DONATION:

____/____/____

FREQUENCY OF DONATION:
- ❑ Weekly – Mondays
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Semi-Monthly (transferred on 1st &15th of each month)

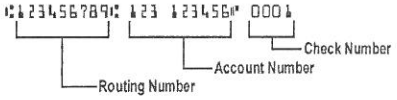
FUNDS: **AMOUNTS:**
- ❑ General/Operating $_____
- ❑ Building $_____
- $_____
- **Total** $_____
- $_____
- $_____

CHECKING / SAVINGS

Please debit my donation from my (check one):
- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ 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:_____

CREDIT / DEBIT CARD

Card Brand (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ 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.