AUTHORIZATION FORM

Name of the organization:

The Simply Giving® Program

endorsed by THRIVENT FEDERAL CREDIT UNION®

Bethlehem Lutheran Church

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE		
Effective date of authorization:/ Type of authorization: New auth Change b						Change donation date		
Last Name			First Name					
Address								
City						State	Zip	
Email Address								
Date of first donation: // // Date of last donation (optional): //		Frequ C C C C	Monthly on the 15 th Bi-Weekly (every other week)		Amount of first donation: \$ Amount of last donation (optional): \$		\$ \$	
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) 			Acco	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: I:1234.55789I: 123 1234.55II 0001 Check Number Routing 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.