
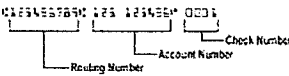


# AUTHORIZATION FORM

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

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
Hope Lutheran Church		504747923
Effective date of authorization: ____/____/____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City	State	Zip
Email Address		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
<b>FIRST DONATION DATE:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Children's Ministry \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____  Total \$ _____
<b>AGREEMENT</b>		
I authorize the above church 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: _____

**Please attach voided check here.**