AUTHORIZATION FORM

The Simply Giving Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Peninsula Lutheran Church

Effective date of authorization: _____/_____/_____

Type of Authorization Form:
- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

FIRST DONATION DATE:

_____/_____/_____

FREQUENCY OF DONATION:
- ❑ Weekly on _____
- ❑ Monthly on _____
- ❑ Semi-Monthly (transferred on 1st and 15th of each month)

FUNDS AND AMOUNTS:
- ❑ General/Operating $_____
- ❑ Building $_____
- ❑ Evangelism/Outreach $_____
- ❑ _____ $_____
- ❑ _____ $_____

Total $_____

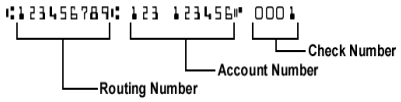
CHECKING / SAVINGS

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 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:_____

CREDIT CARD

Please charge my donation to my (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

Credit Card Number:	Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Please attach voided check over credit card section above if using checking account.