## **AUTHORIZATION FORM**

## The **Simply Giving** Program endorsed by

Name of the organization: Morning Star Lutheran Church

Thrivent Federal Credit Union

FOR OFFICE USE ONLY		ENVELOPE/DONOR #			DATE			
	_	New auth						
Las	t Name			First Name				<u></u>
Address								
City						State	Zip	
Email Address								
Date of first donation: //  Date of last donation (optional)://		Frequ	☐ Monthly on the 15 <sup>th</sup> ☐ 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)				Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:  Lacate Routing Number Check Number  Routing Number			
CHECK	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		America	n Express	☐ Discover Card	
	Card Number:					Expiration	Date:	
	Name on Card:		<u> </u>			•		
	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.