SIMPLY GIVING AUTHORIZATION FORM



Thrivent Federal Credit Union

Name of the organization: Faith Lutheran Church, Spicer MN

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE		
Effective date of authorization:/								
Type of authorization: ☐ New authorization ☐ Change banking information					Change donation amount			
Last Name					First 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) One-time donation		FUNDS: General/Operatin Preschool Tuition Other	eneral/Operating \$ reschool Tuition \$			
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) I authorize the above organization to process debit entries to my account. I reasonable notification to terminate the authorization. Authorized Signature:				Account Number: 1234567891 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123 123	Account Number: 1234567891: 123 123456 0001 Check Number Check Number		
CREDIT / DEBIT CARD	Card Brand (check one): Card Number: Name on Card:	☐ Vis	sa 🗖 MasterCa	rd	American Express Expiration	Discover Card	d	
	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):							
	Signature (as it appears on	ine card): _				Date: _		

If using a checking account, please attach a voided check over the credit/debit card section above.

^{**}You can easily change the amount or frequency of your automated giving by either:

⁻completing this form again - marking the change in the "type of authorization" section, or

⁻sending a letter or email to office@faithspicer.org explaining the changes you would like to make. Sorry, for security reasons, no changes can be made over the phone.