

AUTHORIZATION FORM

The Simply Giving Program
endorsed by



THRIVENT
FEDERAL CREDIT UNION

Name of the organization: CROSS OF CHRIST LUTHERAN CHURCH
PETOSKEY, MI 49710

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	DATE	
Effective date of authorization: ___/___/___				
Type of authorization:		<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change donation date
		<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation	
Last Name			First Name	
Address				
City			State	Zip
Email Address				
Date of first donation: ___/___/___	Frequency of donation: (please check one)		GENERAL FUND	
Date of last donation (optional): ___/___/___	<input type="checkbox"/> Monthly on the 1 st		\$ _____	
	<input type="checkbox"/> Monthly on the 15 th		BENEVOLENCE	
	<input type="checkbox"/> Bi-Weekly (every other week)		\$ _____	
	<input type="checkbox"/> One Time		PROPERTY	
			OTHER: \$ _____	
			TOTAL \$ _____	
CHECKING / SAVINGS	Please debit my donation from my (check one):		Routing Number: _____	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	<input type="checkbox"/> Checking Account (attach a voided check below)	Valid Routing # must start with 0, 1, 2, or 3	
			Account Number: _____	
			⑆ 23456789 ⑆ 123 1234567 000 ⑆	
			Routing Number Account Number Check 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: _____	

*** DONATIONS ARE FOR CHARITABLE PURPOSES ONLY.**

If using a checking account, please attach a voided check at the bottom of this page.