# AUTHORIZATION FORM

**Name of the organization: Mt. Zion Lutheran Church**

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

| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---|---|---|

Effective Date of authorzation _____ / _____ / _____

Type of authorization:
☐ New authorization          ☐ Change of donation amount
☐ Change banking information ☐ Discontinue electronic donation
                             ☐ Change donation date

| Last 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 (Tranferred on the 1st & 15th of each month

FUNDS:                AMOUNTS
☐ General Fund        $ _____
☐ Capital Fund        $ _____
              Total   $ _____

**CHECKING / SAVING**

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:_____

1:123456789     123  123456     0001

Routing Number     Account Number     Check #

I authorize the above organization to process debit entires 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   ☐ AMERICAN EXPRESS   ☐ DISCOVERY

Card Number:                                              Expiration Date:

Name on Card

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.**