

# AUTHORIZATION FORM

The **Simply Giving** Program  
endorsed by



Name of the organization: **Trinity Lutheran Church**

Please allow 5 -7 Business Days for Processing

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: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	Funds:                      Amounts: <input type="checkbox"/> General Fund                      \$ _____ <input type="checkbox"/> Benevolence (Synod)                      \$ _____ <input type="checkbox"/> Property Improvement                      \$ _____ <input type="checkbox"/> World Hunger                      \$ _____ <input type="checkbox"/> Youth Fund                      \$ _____ <input type="checkbox"/> Other: _____                      \$ _____ <div style="text-align: right;">Total: \$ _____</div>
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ #123456789: 123 123456# 0001 <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Routing Number</span> <span>Account Number</span> <span>Check Number</span> </div>
	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: _____

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