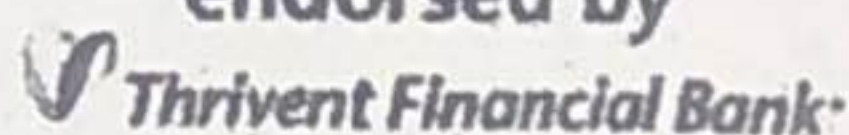


AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Name of Church _____		
Effective date of authorization: ____/____/____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City	State	Zip
Email Address		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> 41 231567890 123 1234567 0001 Routing Number Account Number Check Number </small>
FIRST DONATION DATE: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on _____	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____
AGREEMENT I authorize the above church 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: _____		

Please attach voided check here.