


AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	DONOR #: _____	DATE: _____						
Name of the Church: _____ Effective date of authorization: ____/____/____ Type of Authorization Form: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<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	
<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 _____								
DONATION:								
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the _____ <input type="checkbox"/> Weekly on the _____ <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Funds and donation amounts: <input type="checkbox"/> General Operating \$ _____						
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: _____ 							
AGREEMENT I authorize the above church and Vanco Services, LLC 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 staple voided check here.

SIMPLY GIVING
(automatic bank withdraw for offering)

INSTRUCTIONS FOR ENROLLING/CHANGING
SIMPLY GIVING.

FORM IS ON THE BACK

USE BLACK INK WHEN COMPLETING THE FORM.

VANCO IS THE NAME OF THE COMPANY THAT PROCESSES
SIMPLY GIVING.

PROCESS

1. New enrollers and those making a change must complete the attached form. You will need to know your account number, your bank's routing number and attach a voided check or savings deposit slip.
2. BE SURE TO SIGN & DATE THE FORM.
3. To allow for processing, please complete the form two weeks prior to the effective date of your authorization.
4. Return the completed form to Cheri in our office (mail or bring to our office).
5. For new enrollers, Cheri will send you a letter of confirmation once your authorization has been processed.
6. Cheri will follow up with Vanco in a timely manner if she does not receive confirmation.

If you have questions, please contact Cheri or Wendy in our office, 262-691-0700.

Thank you for considering this "leap of faith" as a way of sharing the blessings God has given you.