

AUTHORIZATION FORM

The Simply Giving® Program

endorsed by



THRIVENT
FEDERAL CREDIT UNION®

Name of the organization: St. James Lutheran Church

FOR OFFICE USE ONLY ENVELOPE/DONOR # DATE

Effective date of authorization: ___/___/___

Type of authorization: New authorization Change donation amount Change donation date
 Change banking information 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 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ Total\$ _____
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ANNUAL CONTRIBUTIONS

Easter offering \$ _____ Date to be transferred ___/___/___

Thanksgiving offering \$ _____ Date to be transferred ___/___/___

Christmas offering \$ _____ Date to be transferred ___/___/___

CHE CKI NG / SAV ING S	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
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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.

Return completed form by:

- Placing in offering plate, attention: Treasurer
- or***
- Mail to:
 St. James Lutheran Church
 230 Second Ave.
 St. James, NY 11780
 Attn: Treasurer