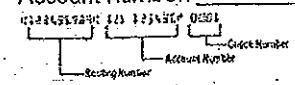


AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
St. Paul's Evangelical Lutheran Church		504746502
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: _____ 
FIRST DONATION DATE: _____ / _____ / _____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <input type="checkbox"/> Current \$ _____ <input type="checkbox"/> Mortgage \$ _____ <input type="checkbox"/> Mission \$ _____ <input type="checkbox"/> Improvement \$ _____ <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.