

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by



Name of the organization: Living Lord Lutheran Church

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 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
		AMOUNTS: \$ _____ \$ _____ \$ _____ Total: \$ _____
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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="text-align:center; margin-top: 10px;"> ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 ⑆ </div> <div style="text-align:center; margin-top: 5px;"> </div> <div style="text-align:center; margin-top: 5px;"> Routing Number Account Number Check Number </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.