

# AUTHORIZATION FORM

The **Simply Giving®** Program

endorsed by



**THRIVENT**

FEDERAL CREDIT UNION®

Name of the organization: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
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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 \_\_\_\_\_

<b>DATE OF FIRST DONATION:</b> ____ / ____ / ____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____	<b>AMOUNTS:</b> \$ _____ \$ _____ <b>Total \$ _____</b>
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<b>CHECKING / SAVINGS</b>	<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p>	<p>Routing Number: _____</p> <p><b>Valid Routing # must start with 0, 1, 2, or 3</b></p> <p>Account Number: _____</p> <p>⑆ 23456789⑆ 23 23456⑆ 000⑆</p> <p style="margin-left: 100px;"> <span style="margin-left: 100px;">Routing Number</span> <span style="margin-left: 100px;">Account Number</span> <span style="margin-left: 100px;">Check Number</span> </p>
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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.**