

AUTHORIZATION FORM

The Simply Giving® Program

endorsed by



THRIVENT
FEDERAL CREDIT UNION®

Name of the organization: Kimball Memorial 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 _____	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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆123456789⑆ 123 123456⑆ 0001 <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> _____ <small>Routing Number</small> </div> <div style="text-align: center;"> _____ <small>Account Number</small> </div> <div style="text-align: center;"> _____ <small>Check Number</small> </div> </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.