AUTHORIZATION FORM

The Simply Giving Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE	
Name of the church: Hope Lutheran Church, Fargo ND						
Effective date of authorization:/						
Type of Authorization Form: New Authorization Change donation amount Discontinue electronic donation Change donation date						
Last Name			First Name			
Address						
City				State	Zip	
Email Address						
Date of first donation:		FREQUENCY OF DONATION: (che	EQUENCY OF DONATION: (check only one)		FUNDS AND AMOUNTS:	
Date of last donation:		 □ Weekly on □ Monthly on □ Semi-monthly (transferred on 1st and 15th of each monthly) 	Monthly on		General/Operating \$ Building \$ Foundation \$ Children's Ministry \$ Total \$	
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1:1234567891: 123 123456# DDD1 Check Number Routing Number			
	I authorize the above church and Vanco Services 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:					
CREDIT CARD	Please charge my donation to my (check one):					
	Credit Card Number:			Expiration Date:		
	Name on Card:					
	Billing Address (if different from above):					
CR	I authorize the above church and Vanco Services to charge my credit card in accordance with the information above.					
	Signature (as it appears on the credit card): Date:					