

# SIMPLY GIVING AUTHORIZATION FORM

Name of the organization: Zion Lutheran Church

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>										
Effective date of authorization: ____/____/____												
<b>Type of authorization:</b> <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												
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Mission Support</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Renewing Zion (Repair)</td> <td>\$ _____</td> </tr> <tr> <td style="text-align:right;"><b>Total</b></td> <td>\$ _____</td> </tr> </table>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Mission Support	\$ _____	<input type="checkbox"/> Renewing Zion (Repair)	\$ _____	<b>Total</b>	\$ _____
<input type="checkbox"/> General/Operating	\$ _____											
<input type="checkbox"/> Building	\$ _____											
<input type="checkbox"/> Mission Support	\$ _____											
<input type="checkbox"/> Renewing Zion (Repair)	\$ _____											
<b>Total</b>	\$ _____											
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 										
	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.*