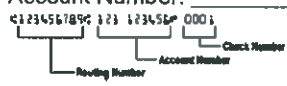


AUTHORIZATION FORM

The **Simply Giving** Program
 endorsed by
 Thrivent Financial Bank®

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Name of Church _____ Effective date of authorization: ____/____/____ Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name _____		First Name _____
Address _____		
City _____	State _____	Zip _____
Email Address _____		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
FIRST DONATION DATE: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	Funds and donation amounts: <input type="checkbox"/> Current Expense \$ _____ <input type="checkbox"/> Other _____ \$ _____ <input type="checkbox"/> Other _____ \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
AGREEMENT I authorize the above church 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: _____		

Please attach voided check here.