AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE	
Grace Lutheran Church 504732574 Effective date of authorization://					
				g information ctronic donation	
Last Name		First Name			
Address					
City		State		Zip	
Email Address					
Please debit my donation from my (check one): Checking Account (attach a voided check below) Savings Account (contact your financial institution for Routing #)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Class LES ACCOUNT Number Check Number Account Number			
FIRST DONATION DATE:	 □ Weekly on Monday □ Weekly on Friday □ Monthly on the 1st □ Monthly on the 15th □ Semi-Monthly □ (transferred on 1st and 15th of each month) 		Ger Chr Bui	FUNDS AND AMOUNTS: General/Operating Fund \$	
AGREEMENT I authorize the above church and Vanco Services, LLC 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:					
Please attach voided check here.					