

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by

Name of the organization: ST PAUL LUTHERAN CHURCH AND SCHOOL



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"/> Building Fund <input type="checkbox"/> Elevator Fund <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
ANNUAL CONTRIBUTIONS <input type="checkbox"/> Easter offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Thanksgiving offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Christmas offering \$ _____ Date to be transferred ____/____/____			
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: _____ Valid Routing # must start with 0, 1, 2, or 3 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.