

AUTHORIZATION FORM

The Simply Giving® Program

endorsed by

Name of the organization: Trinity Lutheran Church - Bechtelsville, PA



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"/> Other _____ <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ \$ _____ Total \$ _____
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: _____ ① 23456789 ② 123 ③ 123456* ④ 0001 Routing Number Account Number Check 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: _____	

Other choices: ① Benevolence
 ② World Hunger
 ③ Building Maintenance ④ Organ

CHECKING / SAVINGS

If using a checking account, please attach a voided check at the bottom of this page.