

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by



Name of the organization: Tracy Lutheran Church

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:		FUNDS:	
		<input type="checkbox"/> Weekly – Mondays		<input type="checkbox"/> General/Operating	
		<input type="checkbox"/> Monthly on the 1 st		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Monthly on the 15 th			
				AMOUNTS:	
				\$ _____	
				\$ _____	
				Total \$ _____	
CHECKING / SAVINGS	Name of Bank: _____			Routing Number: _____	
	Please debit my donation from my (check one):			<i>Valid Routing # must start with 0, 1, 2, or 3</i>	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)			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.

