

AUTHORIZATION FORM

The Simply Giving® Program

endorsed by



THRIVENT

FEDERAL CREDIT UNION®

Name of the organization: _____

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: (please check one)	Amount of first donation: \$ _____	
Date of last donation (optional): ____ / ____ / ____	<input type="checkbox"/> Monthly on the 1 st	Amount of last donation (optional): \$ _____	
	<input type="checkbox"/> Monthly on the 15 th	Specify Account (s) if other than T&O _____	
	<input type="checkbox"/> Bi-Weekly (every other week)	_____	
	<input type="checkbox"/> One Time		
CHECKING / SAVINGS	Please debit my donation from my (check one):	Routing Number: _____	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Valid Routing # must start with 0, 1, 2, or 3	
	<input type="checkbox"/> Checking Account (attach a voided check below)	Account Number: _____	
		<p>The diagram shows a sample MICR line: @ 123456789@ 123 123456# 0001. Brackets indicate that '123456789' is the Routing Number, '123 123456#' is the Account Number, and '0001' is the Check Number.</p>	
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.