

2020 SIMPLY GIVING AUTHORIZATION FORM (FORM MUST BE UPDATED YEARLY)

The **Simply Giving**® Program
endorsed by



Name of the organization: Trinity Lutheran Church, Lindstrom MN

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 on _____ <input type="checkbox"/> Monthly on the _____ <input type="checkbox"/> Semi-monthly-1 st & 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> Evangelism/Outreach <input type="checkbox"/> _____ <input type="checkbox"/> _____
		AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ TOTAL: \$ _____
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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.

