

# AUTHORIZATION FORM

Print and Return to:

The **Simply Giving** Program

endorsed by



Zion Lutheran Church 1254 S Union St., Shawano WI 54166-3461

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
<b>Effective date of authorization:</b> ____ / ____ / ____ <b>Type of authorization:</b> <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			
<b>DATE OF FIRST DONATION:</b> ____ / ____ / ____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Building Fund <input type="checkbox"/> Other _____	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ <p style="text-align: right;"><b>Total</b></p>
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ * 23456789 123 123456 000 * 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: _____		

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