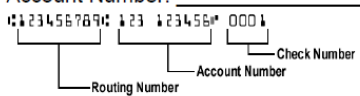


# AUTHORIZATION FORM

The **Simply Giving** Program  
 endorsed by  
 Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Name of Church _____ Effective date of authorization: ____/____/____ Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name _____		First Name _____
Address _____		
City _____		State _____ Zip _____
Email Address _____		
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: _____ 
<b>FIRST DONATION DATE:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly on _____ (transferred on the 1st and 15th of each month)	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> Holy Trinity Ministries    \$ _____ <input type="checkbox"/> Wider Church                      \$ _____ <input type="checkbox"/> Deficit Reduction                      \$ _____ <input type="checkbox"/> _____                      \$ _____ <input type="checkbox"/> _____                      \$ _____ <p style="text-align: right;"><b>Total</b> \$ _____</p>
I authorize the above church and Vanco Services 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: _____		

Please attach voided check here.