

Member Authorization Form



An automated Giving Program from
Thrivent Financial for Lutherans

Member Name (Please Print)		Social Security Number - -		
Member Address	Apt / Suite	City	State	Zip
Congregation Name Holy Trinity Evangelical Lutheran Church		City Abington	State PA	Zip 19001
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change in Authorized Amount		<input type="checkbox"/> Change in account

Frequency <input type="checkbox"/> Weekly Transferred on Monday <input type="checkbox"/> Semi-Monthly Transferred on 1st & 15th of Month <input type="checkbox"/> Monthly Select a date of the 1st or 15 of month	Fund Designation Unified Plan for Giving to forward Christ's mission Through Holy Trinity Lutheran Church	
	Total	Effective Date

Please take my contribution directly from my:

<input type="checkbox"/> Checking account <small>Attach a voided check</small>	<input type="checkbox"/> Savings Account <small>Attach a Savings Deposit Slip</small>	<input type="checkbox"/> LB Optimum Account <small>Attach an investment ticket</small>
Account Number:	Routing Number: <small>Between these symbols : :</small>	

I authorize my congregation to process debit entries to my account. I have attached a voided check, savings deposit slip or investment ticket. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature on my account:

For Office Use Only		
Congregational Code:	Member Code:	Date:

Attach voided check, Savings deposit slip or Investment ticket

Instructions:

- Using black ink, complete the personal information section including name and address.
- Designate whether this is a new authorization, a change in amount or change in account.
- Select the frequency of your contribution. (If selecting monthly, also provide the date you want the transaction to occur – 1st of 15th)
- Designate the amount of your giving.
- Designate the date on which you want this authorization to take effect. (The church office must receive this enrollment at least two weeks prior to the effective date.)
- Indicate the account type, routing number and account number. (Attach a voided check or savings deposit slip or investment ticket to the enrollment form.)
- Sign on the authorized signature line.
- Return the completed enrollment form: Holy Trinity Lutheran Church/2086 Parkview Avenue/Abington, PA 19001