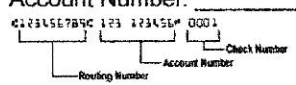


AUTHORIZATION FORM

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: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<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	
<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"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 						
FIRST DONATION DATE: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <input type="checkbox"/> Holy Trinity Ministries \$ _____ <input type="checkbox"/> Wider Church \$ _____ <input type="checkbox"/> Deficit Reduction \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____						
AGREEMENT I authorize the above church and Vanco Services, LLC 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.