



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

The **Simply Giving** Program endorsed by Thrivent Financial Bank is a simple, reliable way to make your regular contributions to our congregation through automated giving.

### **An easy, generous choice**

The program is designed to help you conveniently, consistently and joyfully give financial gifts to our congregation's ministry.

You can use electronic funds transfer to give your weekly, semi-monthly or monthly offering. To learn how, visit [www.thriventbank.com](http://www.thriventbank.com). Or contact:

**Christ Lutheran Church**

**Christine Kunz, Financial Assistant**

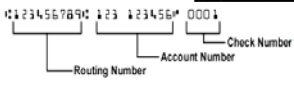
**(507) 775-6646 or [clckchristine@frontier.com](mailto:clckchristine@frontier.com)**

### **You can make a difference**

Let the **Simply Giving**® Program endorsed by Thrivent Financial Bank help you build better stewardship by turning a simple choice into a generous response.

.  
.

# AUTHORIZATION FORM

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Our Savior Lutheran Church</b>		504754694
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"/> 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: _____ 
<b>FIRST DONATION DATE:</b>  ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on Fridays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____  <p style="text-align: right;"><b>Total</b> \$ _____</p>
<b>AGREEMENT</b> 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.**