AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE	
Our Savior Lutheran Church				504754694
Effective date of authorization://				
L. L.		Change donation amount Discontinue electronic donation		
Last Name	First N		Vame	
Address				
City		State	Zip	
Email Address				
 Please debit my donation from my (check one): Checking Account (attach a voided check below) Savings Account (contact your financial institution for Routing #) 		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: *1234556789* 123 123455* 0001 Check Number Routing Number		
FIRST DONATION DATE:	 Weekly on Fridays Monthly on the 1st Monthly on the 1st 		S AND AMOUNTS: eneral/Operating ilding angelism/Outreach	\$ \$ \$ \$ \$
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.				