

AUTHORIZATION FORM - CHURCH

St. John's Ev. Lutheran Church
 7809 Harwood Avenue
 Wauwatosa, Wisconsin 53213-2523

The **Simply Giving**® Program

endorsed by



FOR OFFICE USE ONLY	ENVELOPE #	DATE
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Weekly – Fridays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Monthly on the 1 st & 15 th	FUNDS: <input type="checkbox"/> General Fund <input type="checkbox"/> Called Together - To Gather <input type="checkbox"/> Outreach / Evangelism Total
		AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize the above organization 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: _____	

If using a checking account, please attach a voided check at the bottom of this page.