AUTHORIZATION FORM

The **Simply Giving** Program endorsed by

<u> </u>			Thrivent Financial Bank
FOR OFFICE USE ONLY	DONOR / STUDEN	Т#:	DATE:
Name of the organization/school: Effective date of authorization: Type of Authorization Form:		☐ Change	e banking information tinue electronic donation
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DONATION:			
Date of first donation:// Date of last donation (optional)://	Frequency of donation: (please Monthly on the 15T 07 Weekly on the Bi-Weekly (every other week) One Time	- 15th	Funds and donation amounts: General Operating \$ Building \$ \$ \$ \$
Please debit payments/donations fr Checking Account (attach a void Savings Account (contact your fi	ed check below)		er:Check Number
AGREEMENT I authorize the above school and Varemain in effect until I provide reaso	nco Services, LLC to process deb	it entries to my a authorization.	ccount. I understand that this authority will
Authorized Signature:			Date:
F	Please staple voided check here.		