

# AUTHORIZATION FORM

The **Simply Giving** Program  
endorsed by



Name of the organization: **Bethel Lutheran Church**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <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		
<b>Last Name</b>		<b>First Name</b>
<b>Address</b>		
<b>City</b>		<b>State</b> <b>Zip</b>
<b>Email Address</b>		
<b>DATE OF FIRST DONATION:</b>  ____/____/____	<b>FREQUENCY OF DONATION:</b>  <input type="checkbox"/> Weekly – Mondays <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> & 15 <sup>th</sup> of each month)	<b>FUNDS:</b> <input type="checkbox"/> General/Operating                      \$ _____ <input type="checkbox"/> Building                                      \$ _____ <input type="checkbox"/> Evangelism/Outreach                      \$ _____ <input type="checkbox"/> _____                                      \$ _____ <input type="checkbox"/> _____                                      \$ _____  <div style="text-align: right;"><b>Total</b> \$ _____</div>
<b>CHECKING / SAVINGS</b>	<b>Please debit my donation from my (check one):</b> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	<b>Routing Number:</b> _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  <b>Account Number:</b> _____ <small>⋮⋮⋮ 23456789 ⋮⋮⋮ 123 1234567 0001</small> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Routing Number</span> <span>Account Number</span> <span>Check Number</span> </div>
	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.  <b>Authorized Signature:</b> _____ <b>Date:</b> _____	
<b>CREDIT / DEBIT CARD</b>	<b>Card Brand (check one):</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	<b>Card Number:</b>	<b>Expiration Date:</b>
	<b>Name on Card:</b>	
	<b>Billing Address (if different from above):</b>	
	I authorize the above organization to process transactions in accordance with the information above.  <b>Signature (as it appears on the card):</b> _____ <b>Date:</b> _____	

*If using a checking account, please attach a voided check over the credit/debit card section above.*