

# The **Simply Giving**® Program endorsed by



## AUTHORIZATION FORM

Name of the organization:  Mindoro Lutheran  
 Lewis Valley Lutheran

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of authorization:  New authorization  Change donation amount  Change donation date  Change banking information  Discontinue electronic donation

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

DATE OF FIRST DONATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FREQUENCY OF DONATION:**

- Weekly – Mondays
- Weekly -- Fridays
- Monthly on the 1<sup>st</sup>
- Monthly on the 15<sup>th</sup>
- Semi-Monthly on the 1<sup>st</sup> and 15<sup>th</sup>

**FUNDS:**

<input type="checkbox"/> General	\$ _____
<input type="checkbox"/> Building	\$ _____
<input type="checkbox"/> Other: _____	\$ _____
TOTAL	\$ _____

Please debit my donation from my (check one):

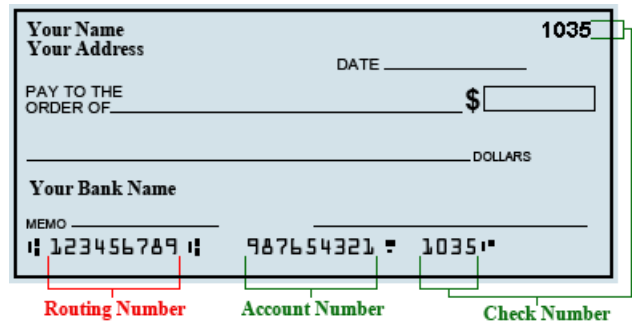
Savings Account (contact your financial institution for Routing #)

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.*