

AUTHORIZATION FORM

The Simply Giving
Program

2024

*An electronic giving program
Endorsed by Thrivent Financial
Bank*



SAINT PETER EVANGELICAL LUTHERAN CHURCH		
Last Name		First Name
Street Address		
City	State	Zip
Email Address		

DONATION

Date of first donation: _____ Frequency of donation: (please check one) Amount of first donation \$ _____
_____/_____/_____ Monthly on the 1st
Date of last donation: _____ Monthly on the 15th
_____/_____/_____ Annually (**once per year**)

AGREEMENT

I authorize the above organization and VANCO, Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide notification to terminate the authorization.

Authorized Signature _____ Date _____

Return to:
Don Brenner
Financial Secretary

Note: This portion of the document (below) will be destroyed upon entry of data into the software system for your security.

Please debit donations from my (**check only one**)

- Checking Account
 Savings Account

Routing Number _____
A Valid Routing # must start with 0, 1, 2, or 3

Account Number _____

PLEASE STAPLE VOIDED CHECK HERE.