

# AUTHORIZATION FORM

*An electronic giving program  
Endorsed by Thrivent Financial  
Bank*



The Simply Giving  
Program

# 2020

<b>SAINT PETER EVANGELICAL LUTHERAN CHURCH</b>		
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 1<sup>st</sup>  
Date of last donation: \_\_\_\_\_  Monthly on the 15<sup>th</sup>  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  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**

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**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.