AUTHORIZATION FORM

Grace Lutheran Church 115 E King St, Boone, NC 28607 (828) 264-2206 fax (828) 265-4679

The Simply Giving Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE	
Name of the church: Effective date of authorization: Type of Authorization Form: New Authorization Change donation amount Change donation date Change donation						
Las	Last Name		First Name	е	1	
Ado	dress			 		
City	<i>i</i> ·			State	Zip	
Email Address						
Date of first donation:// Date of last donation://		FREQUENCY OF DONATION: (che Weekly on Monday Monthly on (15) Semi-monthly (transferred on 1st and 15th of each necessity)	5t or 15th)	FUNDS AND AMOU General/Operatin Building Evangelism/Outre	ng \$ \$ each \$	
KING / SAVINGS	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: S1234567898 1234569 0001 Check Number Routing Number			
CHECK	I authorize the above church and Vanco Services 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:					
	Please charge my donation to my (check one): 🔲 Visa 🔲 MasterCard 🗀 American Express 🗀 Discover Card					
	Credit Card Number:			Expiration Date:		
CAR	Name on Card:					
CREDIT CARD	Billing Address (if different from above):					
	I authorize the above church and Vanco Services to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): Date:					