

# AUTHORIZATION FORM



The **Simply Giving**® Program  
endorsed by



## Living Word 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		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <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 the 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> Other _____
		<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____  <b>Total from above</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ ⑆ ⑆ 23456789 ⑆ ⑆ 23 23456 ⑆ 000 ⑆ ⏟                      ⏟                      ⏟ Routing Number                      Account Number                      Check 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: _____	
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.  Signature (as it appears on the card): _____ Date: _____	

*If using a checking account, please attach a voided check over the credit/debit card section above.  
 If you have questions completing this form, please contact Kathy Dahl, Financial Secretary:  
 (507) 423-5113 or kathydahl@livingwordmarshall.org.*