

SIMPLY GIVING

AUTHORIZATION FORM

Church name: Our Saviors Lutheran Church	
Your name:	
Address:	
City, State, Zip:	
Email address:	
I would like to make the following contribution(s):	
<input type="checkbox"/> General Operating Fund	\$ _____
<input type="checkbox"/> Building Fund	\$ _____
Total	\$ _____
Date of first contribution: ___/___/___	
Frequency of contribution (check one):	
<input type="checkbox"/> Weekly – Mondays	
<input type="checkbox"/> Weekly - Fridays	
<input type="checkbox"/> Semi-monthly – 1 st and 15 th	
<input type="checkbox"/> Monthly on the 1 st	
<input type="checkbox"/> Monthly on the 15 th	

CHECKING / SAVINGS	Complete this section if using your checking or savings account
Please debit my (check one):	
<input type="checkbox"/> Checking account—attach voided check	<input type="checkbox"/> Savings account—attach voided deposit slip
Routing #:	Account #:
Valid routing # must start with 0,1,2 or 3	
I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____	Date: ___/___/___