AUTHORIZATION FORM

Good Shepherd Church 559 20th St. SW Rochester, MN 55902

The **Simply Giving**® Program endorsed by Thrivent Federal Credit Union™

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:

- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

- ❑ Weekly on _____ (Mondays preferred)
- ❑ Monthly on _____ (1st and 15th preferred)
- ❑ Semi-Monthly (transferred on 1st and 15th of each month)

FUNDS: **AMOUNTS:**

- ❑ General/Operating…….. $_____
- ❑ Debt Reduction/Capital……... $_____
- ❑ Global Hunger…….. $_____
- ❑ Local Hunger……... $_____
- ❑ Other Relief…….. $_____
- ❑ Samaritan (Pastor's) Fund $_____

Total **$**_____

CHECKING / SAVINGS

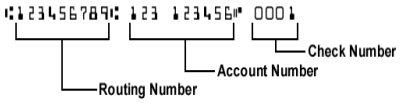
Please debit my donation from my (check one):

- ❑ 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: _____



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:_____

If using a checking account, please attach a voided check at the bottom of this page.