

AUTHORIZATION FORM

Faith Lutheran

504738105-SC

The **Simply Giving**® Program

endorsed by



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Email Address

Date of first payment: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> One-time 	FUNDS AND AMOUNTS: <ul style="list-style-type: none"> <input type="checkbox"/> Toddler 1 \$ _____ <input type="checkbox"/> Toddler 2 \$ _____ <input type="checkbox"/> Pre-K 3 \$ _____ <input type="checkbox"/> Pre-K 4 \$ _____ <input type="checkbox"/> Camp/Ext. Care \$ _____ <input type="checkbox"/> School Donation \$ _____ <p style="text-align: right;">Total \$ _____</p>
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CHECKING / SAVINGS	Please debit my donation from my (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> 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 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: _____	

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.		
	Signature (as it appears on the credit card): _____ Date: _____		

Please attach voided check over credit card section above if using checking account.