

# The Simply Giving Program ~ Authorization Form

## Epiphany Lutheran Church

Envelope # \_\_\_\_\_

Date \_\_\_\_\_

Effective date of Authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Authorization:

- |   |  |
|---|--|
| <input type="checkbox"/> New                    | <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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

<b>FIRST DONATION DATE:</b> ____/____/____	<b>FREQUENCY of DONATION:</b> <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Semi-Monthly (Transferred on the 1st & 15th of each month)	<b>FUNDS &amp; AMOUNTS:</b> General \$ _____ Operating \$ _____ Facilities \$ _____ Maintenance \$ _____ <b>TOTAL \$ _____</b>
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<b>CHECKING/SAVINGS</b>	<b>Please debit my donation from my (check one):</b> <input type="checkbox"/> Savings Account (Contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (Attach voided check to this form)
	<b>Routing Number*:</b> _____ (Valid Routing # must start with a 0, 1, 2 or 3) <b>Account Number*:</b> _____

\*Look at the numbers at the bottom of your check:  
:123456789: .0123456789: 0001  
Routing #                      Account #                      Check #

I authorize Epiphany Lutheran Church 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 \_\_\_\_\_