

# AUTHORIZATION FORM

Faith Lutheran

504738105-ND

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

<b>Date of first payment:</b> ____ / ____ / ____	<b>FREQUENCY OF DONATION:</b> (check only one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly – Mondays</li> <li><input type="checkbox"/> Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup></li> <li><input type="checkbox"/> Monthly on the 1<sup>st</sup></li> <li><input type="checkbox"/> Monthly on the 15<sup>th</sup></li> <li><input type="checkbox"/> One-time</li> </ul>	<b>FUNDS AND AMOUNTS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> New Days Fees \$ _____</li> <li><input type="checkbox"/> New Days Donation \$ _____</li> <li style="text-align: right;"><b>Total \$ _____</b></li> </ul>
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<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <ul style="list-style-type: none"> <li><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</li> <li><input type="checkbox"/> Checking Account (attach a voided check below)</li> </ul>	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____	

<b>CREDIT CARD</b>	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.**