AUTHORIZATION FORM

The **Simply Giving** Program
endorsed by
Thrivent Financial Bank

FOR OFFICE USE ONLY	DONOR #:	DATE:

Name of the organization: Bethany Lutheran Church, West Branch, Iowa

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DONATION:

Date of first donation: ____/____/____ **Date of last donation** (optional): ____/____/____	**Frequency of donation:** (please check one) ❑ Monthly on the 1st ❑ Monthly on the 15th ❑ Bi-Weekly (every other week) ❑ One Time	**Amount of first donation:** $ _____ **Amount of last donation** (optional): $ _____

CHECKING / SAVINGS

Please debit payment from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ Checking Account (staple a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 123456⑈ 0001
Routing Number
Account Number
Check Number

I authorize the above organization and Vanco Services, LLC 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:_____

Bethany Lutheran Church, PO Box 236, West Branch, IA 52358
or contact us (319) 643-5998 to drop it off