


# AUTHORIZATION FORM

Star of Bethlehem Lutheran Church

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____	504743881
Type of Authorization Form: <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 frequency	

Last Name	First Name	
Address		
City	State	Zip
Email Address		Phone #

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ <small>           1234567890 123 456789 0001            Routing Number      Account Number      Check Number         </small>
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<b>CHURCH FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General/Operating Fund    \$ _____  <input type="checkbox"/> Gifted & Growing Capital Campaign    \$ _____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Fridays <input type="checkbox"/> Bi-weekly on Friday (every other week) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Semi-Monthly on the 1 <sup>st</sup> and 15 <sup>th</sup>	<b>FIRST DONATION DATE:</b> ____/____/____  <b>FIRST DONATION DATE</b> ____/____/____
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<b>AGREEMENT</b>	
I authorize the above 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: _____

*Please attach voided check here.*

- Only needed for new requests.
- Not needed for change requests if related to the same account

COMPLETED FORMS SHOULD BE PLACED IN NANCIE URBAN'S MAILBOX