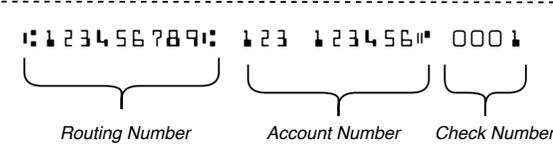# AUTHORIZATION FORM
Name of Organization: Zion Lutheran Church

Zion Lutheran Church
70 Main Street, Oxford, MA

The Simply Giving Program, endorsed by Thrivent Federal Credit Union

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization: ☐ New authorization   ☐ Change donation amount   ☐ Change donation date

☐ Change banking Information   ☐ Discontinue electronic donation

Last Name	First Name

Address

City	State	ZIP

Email Address

DATE OF FIRST DONATION	**FREQUENCY OF DONATION**	**FUNDS**	**AMOUNTS**
_____/_____/_____	☐ Weekly - Mondays	☐ General / Operating	$_____
	☐ Monthly on the 1st	☐ Building	$_____
	☐ Monthly on the 15th	☐ Evangelism / Outreach	$_____
	☐ Semi-Monthly *(transferred on 1st & 15th of each month)*	☐ _____	$_____
		☐ _____	$_____
		☐ _____	$_____
		Total	$_____

CHECKING / SAVINGS

Please debit my donation from my (check one):

☐ Savings Account (Contact your financial institution for Routing #)

☐ Checking (attach 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

If using a checking account, please attach a voided check.