AUTHORIZATION FORM

The **Simply Giving** Program endorsed by



FOR OFFICE USE ONLY	ENVELOPE/DONOR #				
Lutheran Church of the Resurrection					
Type of Authorization:	■ New Authorization	☐ Change donation amount			
	☐ Discontinue electronic donatio	n 🗆		ge banking inforn ge donation date	nation
Last Name		First Name			
Address					
City			te Zip		
Email Address					
Please debit my donation from my (check one): Checking Account (attach a voided check below) Savings Account (contact your financial institution for Routing #)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Liza 4.55 78 91 123 123 4.55 1000 1 Check Number Account Number			
FIRST DONATION DATE:	FREQUENCY OF DONATION:		FUNDS AND AMOUNTS:		
	 Weekly on Monday Weekly on Friday Monthly on the 1st Monthly on the 15th Semi-Monthly (transferred on 1st and 15th of each monthly 		General/Operating \$ Growth & Outreach \$ Total \$		
AGREEMENT 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:					
New Participants, please attach voided check here. Not required for change of amounts or cancellation					