

The **Simply Giving**® Program

endorsed by



THRIVENT

FEDERAL CREDIT UNION®

Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started:

To set up electronic donations, simply complete the authorization form on the reverse side and return it to the church office. Donations can be debited automatically from either a checking or savings account.

AUTHORIZATION FORM

St. Paul's Lutheran Church,
415 East Athens Ave.
Ardmore, PA 19003

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FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-monthly 1 st , 15 th	FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Other _____ \$ _____ Total \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ 23456789⑆ 23 23456⑆ 0001 Routing Number Account Number Check Number
	I authorize the above organization 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: _____

If using a checking account, please attach a voided check at the bottom of this page.