

# AUTHORIZATION FORM

**ST. PETER'S LUTHERAN CHURCH**

**The Simply Giving® Program**  
endorsed by



<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <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		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly on 1 <sup>st</sup> & 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General Fund <input type="checkbox"/> Mortgage <input type="checkbox"/> CEA <input type="checkbox"/> Parish Education  <div style="text-align: right;"><b>Total</b></div>
		<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
<b>C H E C K I N G / S A V I N G S</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account 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.*