

SIMPLY GIVING AUTHORIZATION FORM



Name(s): _____

Address: _____

Email: _____

Phone: _____

- Type of authorization:**
- New authorization
 - Change donation date
 - Change in banking information
 - Discontinue electronic donation
 - Change donation amount

One Easter Campaign Amount: \$ _____

First donation date: ____/____/____

Frequency of Donation:

- Weekly (Mondays)
- Monthly on the 1st
- Monthly on the 15th

To be deducted from my/our:

- Checking account
(attach voided check if new authorization)
- Savings account
(attach voided deposit slip if new authorization)

2024 Annual Budget Amount: \$ _____

First donation date: ____/____/____

Frequency of Donation:

- Weekly (Mondays)
- Monthly on the 1st
- Monthly on the 15th

To be deducted from my/our:

- Checking account
(attach voided check if new authorization)
- Savings account
(attach voided deposit slip if new authorization)

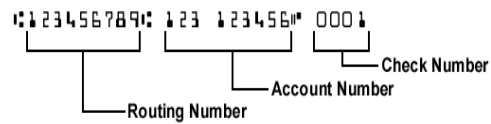
Checking/Savings

- To be deducted from my/our:
- Checking account
(attach voided check if new authorization)
 - Savings account
(attach voided deposit slip if new authorization)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize Easter Lutheran and Vanco Services 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.

Signature(s): _____ Date: _____