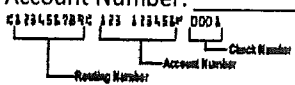


# Authorization Form

The **Simply Giving** Program  
 endorsed by  
 Thivent Financial Bank

FOR OFFICE USE ONLY	Envelope #	DATE:
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Name of Church: <u>Holy Trinity Lutheran Church and School</u>							
Effective date of authorization: ____/____/____							
Type of Authorization Form: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change Payment amount</td> <td><input type="checkbox"/> Discontinue electronic payment</td> </tr> <tr> <td><input type="checkbox"/> Change Payment date</td> <td></td> </tr> </table>		<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change Payment amount	<input type="checkbox"/> Discontinue electronic payment	<input type="checkbox"/> Change Payment date	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information						
<input type="checkbox"/> Change Payment amount	<input type="checkbox"/> Discontinue electronic payment						
<input type="checkbox"/> Change Payment date							
Last Name	First Name:						
Address							
Email Address							
City	State						
Zip							
TUITION PAYMENT PLAN (please check one): <input checked="" type="checkbox"/> 12 Month (July-June) <del><input type="checkbox"/> 6 Month Plan (Sept through May)</del> <del><input type="checkbox"/> 4 Month Plan (Sep, Nov, Feb, Apr)</del> <del><input type="checkbox"/> 2 Month Plan (Oct and Feb)</del>							
First Donation Date: ____/____/____	<b>Frequency of Donation</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on the 1 <sup>st</sup> . <input type="checkbox"/> Monthly on the 15th. <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)						
<b>Funds and Amounts:</b> <input type="checkbox"/> General/Operating: \$ _____ <input type="checkbox"/> School: \$ _____ <input type="checkbox"/> Debt Fund : \$ _____ <input type="checkbox"/> Missions : \$ _____ <input type="checkbox"/> _____ \$ _____ <b>Total</b> \$ _____							
Checking/Savings	Please debit donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)						
	Routing Number: _____ <i>Valid Routing # must start with 0,1,2, or 3</i>  Account Number: _____ 						
	I authorize the above church and Vanco Services, LLC 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: _____						
Credit Card	Please charge my donation to my (check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card						
	Credit Card Number: _____ Expiration Date: _____						
	Name on Card: _____						
	Billing Address (if different from above) _____						
	I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____						

**Please staple voided check over credit card section above if using checking account.**