

AUTHORIZATION FORM

The Simply Giving® Program



Name of the organization: Village Lutheran Church

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: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time		Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
Date of last donation (optional): ____/____/____				
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: _____ *1234567890 123 123456* 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.

Mail or hand-deliver forms to:

Village Lutheran Church
 Attn: Bookkeeper
 9237 Clayton Road
 St. Louis, MO 63124

You may also give online from your bank/credit union account and manage your offering dates/amounts online. Contact the church office for information.

Email: secretary@villagelutheranchurch.org **Phone:** (314) 993-1834