

**SIMPLY GIVING  
AUTHORIZATION FORM**



<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</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 _____																		
Phone # _____																		
<b>DATE OF FIRST DONATION:</b> _____/_____/_____	<b>FREQUENCY OF DONATION</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FUNDS</th> <th style="text-align: right;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> DS Operating (1)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> WELS Missions (300)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> DS Debt Retirement (1203)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> DS Student Aid (7062)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> KMLHS Operating (305)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> KML Debt Retirement (306)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </tbody> </table>	FUNDS	AMOUNT	<input type="checkbox"/> DS Operating (1)	\$ _____	<input type="checkbox"/> WELS Missions (300)	\$ _____	<input type="checkbox"/> DS Debt Retirement (1203)	\$ _____	<input type="checkbox"/> DS Student Aid (7062)	\$ _____	<input type="checkbox"/> KMLHS Operating (305)	\$ _____	<input type="checkbox"/> KML Debt Retirement (306)	\$ _____	<b>Total</b>	<b>\$ _____</b>
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<b>CHECKING / SAVINGS</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*

**Please return this form with a voided check to the church office, Attention Jennifer Miller.**