



AUTHORIZATION FORM

Westchester Lutheran Church & School

The **Simply Giving** Program
endorsed by
Thrivent Financial Bank®

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name

First Name

Address

City

State

Zip

Email Address

Student Name _____ Class _____

FUNDS AND AMOUNTS:

DATE OF FIRST PAYMENT

FREQUENCY: (Indicate with a number)

<input type="checkbox"/> 1 Sunday Offering	\$ _____	____/____/____
<input type="checkbox"/> 2 Building Fund	\$ _____	____/____/____
<input type="checkbox"/> 3 School Tuition	\$ _____	____/____/____
<input type="checkbox"/> 4 Daycare	\$ _____	____/____/____
<input type="checkbox"/> 5 Registration	\$ _____	____/____/____
Total	\$ _____	

____ Weekly
 ____ Monthly on the 1st (Tuition Due)
 ____ Monthly on the 15th
 ____ One time transaction
 ____ Other _____
 Memo: _____

SPECIAL CONTRIBUTIONS/DONATIONS:

Lent Offering (6 Weekly Offerings)

<input type="checkbox"/> Christmas Offering	\$ _____	Date of transfer	____/____/____	\$ _____
<input type="checkbox"/> Fundraiser _____	\$ _____	Date of transfer	____/____/____	\$ _____
Total	\$ _____	Date of transfer	____/____/____	\$ _____
ONE TIME GIFT		Date of transfer	____/____/____	\$ _____
DATE OF CONTRIBUTION/ DONATION:		Date of transfer	____/____/____	\$ _____
____/____/____		Date of transfer	____/____/____	\$ _____

CHECKING / SAVINGS

Please debit my donation from my (check one):

Savings Account (contact your financial institution for Routing #)

Checking Account (staple a voided check below)

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

Account Number: _____

⑆ 23456789⑆ ⑆ 23 ⑆ 23456⑆ 000⑆

Routing Number Account Number Check Number

I authorize the above church/school 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: _____