

# AUTHORIZATION FORM



**Westchester Lutheran Church & School**

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

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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
<b>FUNDS AND AMOUNTS:</b> <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      \$ _____ <p style="text-align: right;"><b>Total</b>      \$ _____</p>		<b>FREQUENCY:</b> (Indicate with a number) ___ Weekly ___ Monthly on the 1 <sup>st</sup> (Tuition Due) ___ Monthly on the 15 <sup>th</sup> ___ One time transaction ___ Other _____  DATE OF FIRST DONATION/PAYMENT: _____ / _____ / _____
<b>SPECIAL CONTRIBUTIONS/DONATIONS:</b> <input type="checkbox"/> Christmas Offering      \$ _____ <input type="checkbox"/> Fundraiser _____      \$ _____ <p style="text-align: right;"><b>Total</b>      \$ _____</p> ONE TIME GIFT DATE OF CONTRIBUTION/ DONATION: _____ / _____ / _____		<input type="checkbox"/> Lent Offering (6 Weekly Offerings) Date of transfer _____ / _____ / _____      \$ _____ Date of transfer _____ / _____ / _____      \$ _____ Date of transfer _____ / _____ / _____      \$ _____ Date of transfer _____ / _____ / _____      \$ _____ Date of transfer _____ / _____ / _____      \$ _____
<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 (staple a voided check below)	
	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account 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: _____		
<b>CREDIT CARD</b>	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: _____		