

SIMPLY GIVING AUTHORIZATION FORM



DATE	ENVELOPE / DONOR #		
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation frequency <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name(s)	
Street Address			
City			State
Phone Number		Email Address	
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	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)	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____	
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize Trinity Lutheran Church, Cape Coral, FL to process debit entries to my account in the amount and frequency detailed above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____		

ATTACH VOIDED CHECK HERE