

Simply Giving Authorization Form

Payments are processed by Vanco on behalf of Grace Lutheran Church

First Name _____ Last Name _____

Street Address _____

City, State, Zip _____

Effective Date of Authorization: ____/____/____

Type of Authorization (check one)

- New Authorization Change in donation amount
 Change in donation date Change in bank information
 Stop automatic donation

Date of First Donation: ____/____/____

Frequency of Donation (check one)

- Weekly on Mondays Monthly on 1st Monthly on 15th

Please debit my donation from my (check one): <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account	Routing Number: _____ Account Number: _____
I authorize Grace Lutheran Church to process debit entries to my account. I understand this authority will remain in effect until I request it terminated. Signature:	Date: