

AUTHORIZATION FORM DONATION UPDATE ONLY

The **Simply Giving** Program endorsed by

Thrivent Federal Credit Union

This form is to be used for the following:

- 1. Updating your donation amount and/or frequency.
- 2. Acknowledging that you are using the same bank account as your existing EFT.

Last Name First Name Address City State Zip Email Address Box 1. New Donation or Update Donation Information DATE OF FIRST DONATION: Weekly - Mondays General/Operating Substitute Subs	
Address City State Zip Email Address Box 1. New Donation or Update Donation Information DATE OF FIRST DONATION: FREQUENCY OF DONATION: FUNDS: AMOUNTS: Weekly – Mondays Weekly – Fridays General/Operating SMONTH Other Monthly on the 1sth Other Monthly on the 1sth	
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☐ Monthly on the 1 st ☐ Other \$	
Monthly on the 15 th	
	
Semi-Monthly (transferred on 1 st & 15 th of each month) Total \$	
Box 2. Update Donation Information for Existing EFT Bank Account	
Please debit my donation from my Authorization (check one): Type of authorization:	
Please debit my donation from my Authorization (check one): Please debit my donation using my existing EFT account Type of authorization: Change my donation per information provided in Box 1	
Change my donation per information provided in Box 1	n Box 1
☐ Discontinue my electronic donation	
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.	til I provide
Authorized Signature:	

Changing your bank account information will require a New Authorization Form.