

## **NEW AUTHORIZATION FORM**

## The **Simply Giving** Program endorsed by

)			
Thrivent	Federal	Credit	Union™

ENVELOPE/DONOR #		DAT	DATE					
		•						
Last Name			First Name					
Add	Iress							
City				State	State Zi			
Ema	ail Address				<b>I</b>			
Box 1. Create a New Donation								
☐ Weekly – Mon / / / ☐ Weekly – Frida		FREQUENCY OF DONAT	TION:	FUNDS:	AMOUNTS:		<b>S</b> :	
		☐ Weekly – Fridays		☐ General/Operating	g	\$		
		Monthly on the 1 <sup>st</sup>		Other_	-	\$		
i		☐ Monthly on the 15 <sup>th</sup>			<del></del> -			
						\$		
			iciica on 1 &	15 of each month,	Total	<u> </u>		
		Box 2.	New Banking	g Information				
Тур	e of authorization:	te a new bank authorization						
	Please debit my donation from	Routing Number:						
3.5	-	•	•	Valid Routing # must start with 0, 1, 2, or 3				
Savings Account (Contact your infancial institution for Roduing #)  Checking Account (attach a voided check to bottom of page)  Account Number:								
, S				:123456789: 123	123456 0001			
9	** Credit Cards (see note at bottom of page)		:123456789: 123 123456# 000 1 Check Number					
Z			Routing Number					
Ę,								
СНІ	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide							
ew	reasonable notification to terminate the authorization.							
Z								
	Authorized Signature:				Date:			

NOTE: Credit card transactions are welcome! We ask that each donor set up their own credit card transaction in their VANCO account. UNITY pays a fee of 2.65% + \$0.38 per transaction.