## **AUTHORIZATION FORM**

Name of the organization: Trinity Lutheran Church

The <b>Sim</b>	ply	G	vir	ıç	y® F	<sup>o</sup> rc	gra	am	
endorsed by									
	TI	H	R	Name of the last	V		N		

FEDERAL CREDIT UNION®

FC	FOR OFFICE USE ONLY ENVELOPE/DONOR		#	DATE	DATE				
Effective date of authorization:/  Type of authorization:   New authorization   Change donation amount   Change donation date   Discontinue electronic donation									
La	st Name		First Name						
Ad	dress	,							
Cit				State	Zip				
Em	nail Address								
	·	of DONATION: y – Mondays y on the 1 <sup>st</sup> y on the 15 <sup>th</sup>	FUNDS:  General/Operating For Building Fund Evangelism/Outreach Synod/ELCA Mission	\$ n \$	NTS:				
ANNUAL CONTRIBUTIONS  □ Easter offering \$ Date to be transferred// □ Thanksgiving offering \$ Date to be transferred// □ Christmas offering \$ Date to be transferred//									
CHECKING / SAVINGS	Please debit my donation from my (check on  Savings Account (contact your financial  Checking Account (attach a voided checking)	Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:    1234557891   123   1234551   000   Check Number    Routing Number   Account Number							
CHECK	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.								
	Authorized Signature:		Date	:	-				

If using a checking account, please attach a voided check at the bottom of this page.