

Electronic Giving Authorization Form

The *Simply Giving* Program
endorsed by



FOR OFFICE USE ONLY	ENVELOPE/DONOR #:	DATE:
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Name of organization: **Immanuel Lutheran Church**, 104 Galvin Rd North, Bellevue, NE 68005

Effective date of authorization: ____/____/____ (mm/dd/yyyy)

Type of Authorization: New authorization Change donation amount Change donation date
 Change banking information Discontinue electronic donation

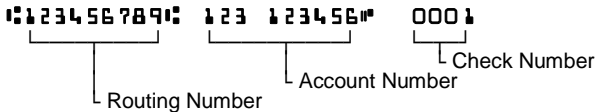
Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

<p>Date of First Donation: (required)</p> <p style="text-align: center;">____/____/____ (mm/dd/yyyy)</p> <p>Date of Last Donation: (optional)</p> <p style="text-align: center;">____/____/____ (mm/dd/yyyy)</p>	<p>Frequency of Donation: (please check only one)</p> <p><input type="checkbox"/> Weekly on Mondays</p> <p><input type="checkbox"/> Semi-monthly on the 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p> <p><input type="checkbox"/> One Time</p>	<p>Funds and Donation Amounts:</p> <p>General Operating \$ _____</p> <p>Mortgage Principle \$ _____</p> <p>Seminary Internship \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p style="text-align: right;">Total Donation \$ _____</p>
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Checking / Savings	<p>Please debit my donation from my (check only one): (required)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial Institution, for Routing #)</p>	<p>Routing Number: _____ (required) A valid routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____ (required)</p> <p style="text-align: center;">  </p>
<p>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.</p> <p>Authorized Signature: X _____ Date: ____/____/____</p>		

Credit / Debit Card	<p>Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card</p> <p>Card Number: _____ Expiration Date: ____/____</p> <p>Name on Card: _____</p> <p>Billing Address (if different from above): _____</p> <p>I authorize the above organization to process transactions in accordance with the information above.</p> <p>Signature (as it appears on the card): _____ Date: ____/____/____</p>
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If using a checking account, please attach a voided check over the credit/debit card section above.