HOLY CROSS LUTHERAN CHURCH

The **Simply Giving** Program
endorsed by
THRIVENT
FEDERAL CREDIT UNION®

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

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

Email Address

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:
❑ Weekly – Mondays
❑ Monthly, Starting on the _____
❑ Monthly on the 1st
❑ Monthly on the 15th
❑ Semi-Monthly *(on 1st &15th of each month)*

FUND: **AMOUNTS:**
❑ General Operating $_____

Above and Beyond Giving:
❑ Building for Ministry Fund $_____
❑ _____ $_____
                   $_____

Total $_____

CHECKING / SAVINGS

Please debit my donation from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑈123456789⑈ 123 123456⑈ 0001
                      Check Number
              Account Number
     Routing Number

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:_____

CREDIT / DEBIT CARD

Card Brand (check one):   ❑ Visa   ❑ MasterCard   ❑ American Express   ❑ Discover Card

Card Number:	Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____

If using a checking account, please attach a voided check over the credit/debit card section above.
Completed form can be placed in offering box, dropped off at the office, or given to the Treasurer.