AUTHORIZATION FORM

The **Simply Giving** Program
endorsed by
Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Name of the church: Youth Encounter

Effective date of authorization: ____/____/____

Type of Authorization Form:
- ☒ 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: ____/____/____

Date of last donation: ____/____/____

FREQUENCY OF DONATION: (check only one)
- ☐ Weekly on _____
- ☐ Monthly on _____
- ☐ Semi-monthly (transferred on 1st and 15th of each month)

FUNDS AND AMOUNTS:
- ☐ General/Operating $_____
- ☐ Building $_____
- ☐ Evangelism/Outreach $_____
- ☐ _____ $_____
- ☐ _____ $_____

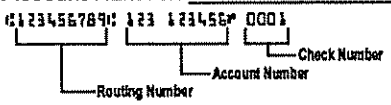
Total $_____

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: _____



I authorize the above organization and Vanco Services 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 CARD

Please charge my donation to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

Credit Card Number:	Expiration Date:
Name on Card:	
Billing Address (if different from above):	

I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.

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

Please attach voided check over credit card section above if using checking account.