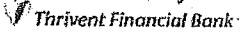


# AUTHORIZATION FORM

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

<b>FOR OFFICE USE ONLY</b>	<b>DONOR #:</b> _____	<b>DATE:</b> _____
<b>Name of the organization:</b> _____		
<b>Last Name</b>		<b>First Name</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Email Address</b>		
<b>DONATION:</b>		
<b>Date of first donation:</b> ____/____/____	<b>Frequency of donation: (please check one)</b> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	<b>Amount of first donation:</b> \$ _____
<b>Date of last donation (optional):</b> ____/____/____		<b>Amount of last donation (optional):</b> \$ _____
Please debit donations from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		<b>Routing Number:</b> _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  <b>Account Number:</b> _____ ⑆123456789⑆ 123 45678 0001 Routing Number                      Account Number                      Check Number
<b>AGREEMENT</b> I authorize the above organization and Vanco Services, LLC 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.		
<b>Authorized Signature:</b> _____		<b>Date:</b> _____

Please staple voided check here.