

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by



Name of the organization: **Mount Calvary Lutheran Church**
3930 Rahn Road
Eagan, MN 55122

FOR OFFICE USE ONLY	GIVING #	DATE						
<p>Effective date of authorization: ____/____/____</p> <p>Type of authorization:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> New authorization</td> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Change donation date</td> </tr> <tr> <td><input type="checkbox"/> Change banking information</td> <td><input type="checkbox"/> Discontinue electronic donation</td> <td></td> </tr> </table>			<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change donation date	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change donation date						
<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation							
Last Name		First Name						
Address								
City		State Zip						
Email Address								
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (transferred on 1 st & 15 th of each month)	FUNDS: <input type="checkbox"/> Mission Mount Calvary Annual Fund (<i>General Fund</i>)						
		AMOUNT: \$ _____						
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> 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 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 here.