

The **Simply Giving®** Program  
endorsed by



## Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

### How to get started

To set up electronic contributions, complete the authorization form on the right and return it to the church office.

Electronic contributions can be made using any of the following payment methods:

- Checking account
- Savings account
- Credit card
- Debit card

Secure donation services are provided by Vanco Services, LLC. Vanco processes electronic donations for more than 12,000 churches and nonprofit organizations. The Simply Giving® Program endorsed by Thrivent Federal Credit Union is operated by Vanco Services. Simply Giving® is a registered trademark of Thrivent Financial for Lutherans. Thrivent Federal Credit Union assumes no responsibility for the products and services offered by Vanco Services under the Simply Giving® Program.

## AUTHORIZATION FORM

Church name: FAITH LUTHERAN CHURCH AND SCHOOL

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

I would like to make the following contribution(s):

<input type="checkbox"/> General Operating Fund	\$ _____	Date of first contribution: ___/___/___  Frequency of contribution (check one): <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>
<input type="checkbox"/> Building Fund	\$ _____	
<input type="checkbox"/> Other _____	\$ _____	
<input type="checkbox"/> Other _____	\$ _____	
<i>Total</i>	\$ _____	

**CHECKING / SAVINGS** *Complete this section if using your checking or savings account*

Please debit my (check one):

Checking account—attach voided check     Savings account—attach voided deposit slip

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

*Valid routing # must start with 0, 1, 2 or 3*

I authorize the above organization to process debit entries to the above 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** *Complete this section if using your credit or debit card*

Please charge my (check one):     Visa     MasterCard     Discover     American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: \_\_\_\_\_ Date: / /