AUTHORIZATION FORM

Authorized Signature:____

The **Simply Giving** Program endorsed by

Nam	e of the organization: _			 	Thrivent Federal	Credit Union [™]	
FO	R OFFICE USE ONLY	ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE		
		New authorization	Change dona Discontinue e	ution amount electronic donation		nation date	
Las	t Name		First Name				
Add	dress						
City	1				State	Zip	
Em	ail Address						
Date of first donation: // Date of last donation (optional)://		Frequency of donation: (please che Monthly on the 1 st Monthly on the 15 th Bi-Weekly (every other week) One Time	 ☐ Monthly on the 15th ☐ Bi-Weekly (every other week) 		Amount of first donation: \$ Amount of last donation (optional): \$		
HECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Valid Acco	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing Number			
	I authorize the above organizat reasonable notification to termi	tion to process debit entries to my accour	nt. I understa	Routing Number	Account Number	ıntil I provic	

Date:____

If using a checking account, please attach a voided check at the bottom of this page.