

**MEMBER AUTHORIZATION FORM**

- New Authorization\*
- Change in authorized amount
- Change in bank account\*

**The Simply Giving® Program**  
**Endorsed by Thrivent Financial Bank**

Automated Giving Program

Member Name (Please print)

Congregational Name

Address

City

State

Zip

**Frequency**

**Fund Designation**

**Amount** (Contributions may be divided among designations)

Semi-monthly (Will be transferred the 1<sup>st</sup> & 15<sup>th</sup> of each month)

General/Operating

\$ \_\_\_\_\_

Priority Giving

\$ \_\_\_\_\_

Capital Campaign

\$ \_\_\_\_\_

Monthly (Will be transferred on either the 1<sup>st</sup> or 15<sup>th</sup> of each month. CIRCLE ONE: 1<sup>st</sup> or 15<sup>th</sup>)

GSLC Foundation

\$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Weekly (Will be transferred on Mondays)

**Effective Date** \_\_\_\_\_

Please take my contribution directly from my:

Checking Account

Savings Account

Account No.

Routing No. (between these symbols 1:1:)

I authorize my congregation to process debit entries to my account. I have attached a voided check, savings deposit slip or investment ticket. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account

<b>FOR OFFICE USE ONLY</b>	Congregational Code 0018895748	Envelope #	Date
----------------------------	-----------------------------------	------------	------

**\*Attach voided check, or savings deposit slip**