

MEMBER AUTHORIZATION FORM

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



A FREE SERVICE OF THRIVENT FINANCIAL FOR LUTHERANS

Automated Giving Program

Member Name (Please print)

Congregational Name

Address

City

State

Zip

Frequency

- Semi-monthly (Will be transferred the 1st & 15th of each month)
- Monthly (Will be transferred on either the 1st or 15th of each month. CIRCLE ONE: 1st or 15th)

Fund Designation

- General/Operating
- Priority Giving
- GSLC Foundation
- Capital Campaign

Amount (Contributions may be divided among designations)

\$ _____

\$ _____

\$ _____

\$ _____

Total \$ _____

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

FOR OFFICE USE ONLY	Congregational Code 0018895748	Envelope #	Date
----------------------------	-----------------------------------	------------	------

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