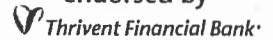


# AUTHORIZATION FORM

The **Simply Giving** Program

endorsed by



Name of the organization: **Christ the King Lutheran Church**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
Effective date of authorization: ____/____/____		
Type of authorization: <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 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Women's Ministries <input type="checkbox"/> Outreach <input type="checkbox"/> Other _____ AMOUNTS: \$ _____ \$ _____ \$ _____ <p style="text-align: right;">Total</p>
<b>ANNUAL CONTRIBUTIONS</b>		
<input type="checkbox"/> Easter offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Thanksgiving offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas offering	\$ _____	Date to be transferred ____/____/____
<b>CHECKING / SAVINGS</b>	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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  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: _____	
<b>CREDIT CARD</b>	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____	

*If using a checking account, please attach a voided check over the credit card section above.*

**Please Return completed forms to the Church office for activation.**