

AUTOMATIC PAYMENT AUTHORIZATION FORM

# North Congregational Church

Return to Danny Hawkins in a sealed envelope

The Simply Giving® Program



endorsed by

**THRIVENT**

FEDERAL CREDIT UNION®

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <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		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <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>	<b>FUNDS:</b> <input type="checkbox"/> Pledge <input type="checkbox"/> General Donation <input type="checkbox"/> Other _____
		<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ Total \$ _____
<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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> Account Number: _____ ⑆ 23456789 ⑆ 123 123456 ⑆ 000 ⑆ Routing Number                      Account Number                      Check 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 / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	

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