

# AUTHORIZATION FORM

The **Simply Giving** Program  
endorsed by



Name of the organization: **Shepherd of the Bay Lutheran Church**  
**PO Box 27**  
**Ellison Bay WI 54210**  
**920-854-2988**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE #</b>	<b>DATE</b>				
Effective date of authorization: ____/____/____ Type of authorization: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> New authorization</td> <td><input type="checkbox"/> Change donation amount</td> </tr> <tr> <td><input type="checkbox"/> Change banking information</td> <td><input type="checkbox"/> Discontinue electronic donation date</td> </tr> </table> _____/_____/_____			<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation date
<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount					
<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation date					
Last Name		First Name				
Address						
City		State      Zip				
Email Address						
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 <sup>st</sup> & 15 <sup>th</sup> of Month	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Debt Reduction <input type="checkbox"/> Other _____				
		<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ Total \$ _____				
<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: _____				

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