

The **Simply Giving**[®] Program

Endorsed by



Thrivent Financial Bank

Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started

To set up electronic donations, simply complete the authorization form on the back and return it to the church office. Donations can be debited automatically from either a checking or savings account.

Secure donation service are provided by Vanco Services, LLC. Vanco processes electronic donations for more than 10,000 churches and nonprofit organizations. The Simply Giving[®] Program endorsed by Thrivent Financial Bank is operated by Vanco Services. Simply Giving[®] is a registered trademark of Thrivent Financial for Lutherans. Thrivent Financial Bank assumes no responsibility for the products and service offered by Vanco Services under the Simply Giving[®] Program.

AUTHORIZATION FORM

Church name: _____

Your name: _____

Address: _____

City, State, Zip: _____

Email address: _____

I would like to make the following contribution(s):

- | | |
|---|----------|
| <input type="checkbox"/> General Operating Fund | \$ _____ |
| <input type="checkbox"/> Building Fund | \$ _____ |
| <input type="checkbox"/> Other _____ | \$ _____ |
| <input type="checkbox"/> Other _____ | \$ _____ |
| Total | \$ _____ |

Date of first contribution: ___/___/___

Frequency of contribution (check one):

- Weekly – Mondays
 Semi-monthly – 1st and 15th
 Monthly on the 1st
 Monthly on the 15th

CHECKING / SAVINGS

Complete this section if using your checking or savings account

Please debit my (check one):

- Checking account—attach voided check Savings account—attach voided deposit slip

Routing #:

Account #:

Valid routing # must start with 0,1,2 or 3

I authorize the above organization and Vanco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: / /