

# AUTHORIZATION FORM

The Deaconess Community, ELCA

514827199

The **Simply Giving**® Program  
endorsed by



<b>FOR OFFICE USE ONLY</b>	Date Received: _____	Date Processed: _____
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Type of Authorization Form:	<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
	<input type="checkbox"/> Change contribution amount	<input type="checkbox"/> Discontinue electronic contribution
	<input type="checkbox"/> Change contribution date	

Last Name	First Name
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Address
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City	State	Zip
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Email Address
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Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account ( <i>attach a voided check</i> ) <input type="checkbox"/> Savings Account ( <i>contact your financial institution for routing #</i> )	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____  
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CHURCH FUNDS AND AMOUNTS:	CONTRIBUTION FREQUENCY:	FIRST CONTRIBUTION DATE:
<input type="checkbox"/> Contribution to Community     \$ _____	<input type="checkbox"/> Semi-Monthly on the 1 <sup>st</sup> and 15 <sup>th</sup>	_____ / _____ / _____
<input type="checkbox"/> Tanzanian Sister Community     \$ _____	<input type="checkbox"/> Monthly on the 1 <sup>st</sup>	_____ / _____ / _____
<input type="checkbox"/> Annual Assembly     \$ _____	<input type="checkbox"/> Quarterly (JAJO on the 1 <sup>st</sup> )	_____ / _____ / _____
\$ _____	<input type="checkbox"/> Semi-Monthly on the 1 <sup>st</sup> and 15 <sup>th</sup>	_____ / _____ / _____
TOTAL     \$ _____	<input type="checkbox"/> Monthly on the 1 <sup>st</sup>	_____ / _____ / _____
	<input type="checkbox"/> Quarterly (JAJO on the 1 <sup>st</sup> )	_____ / _____ / _____
	<input type="checkbox"/> One-Time Gift	_____ / _____ / _____ (date of one-time gift)

<b>AGREEMENT</b>
I authorize Deaconess Community and Vanco Services, LLC 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: _____

