

AUTHORIZATION FORM

The Deaconess Community, ELCA

514827199

The **Simply Giving**® Program

endorsed by



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

City	State	Zip
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Email Address

Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
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FIRST CONTRIBUTION DATE: ____ / ____ / ____	FREQUENCY OF CONTRIBUTION: <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Quarterly (JAJQ on the 1 st) Note: If you wish to donate to different funds at a different frequency, please complete a separate authorization form for each frequency.	FUNDS AND AMOUNTS: <input type="checkbox"/> Contribution to Community \$ _____ <input type="checkbox"/> Tanzanian Sister Community \$ _____ <input type="checkbox"/> Annual Assembly \$ _____ <div style="text-align: right;">Total \$ _____</div>
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AGREEMENT 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: _____

