

# AUTHORIZATION FORM

The **Simply Giving**® Program

endorsed by



**THRIVENT**  
FEDERAL CREDIT UNION®

Name of the organization:       Coldwater of Lee's Summit      

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
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Effective date of authorization:     /    /    

**Type of authorization:**

<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> <u>    </u> / <u>    </u> / <u>    </u>	<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> <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> & 15 <sup>th</sup> of each month)	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> Food Pantry <input type="checkbox"/> No Hungry Kids!	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <b>Total</b>
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<b>C H E C K I N G / S A V I N G S</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: _____ 
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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>C R E D I T / D E B I T C A R D</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.*