

Simply Giving AUTHORIZATION FORM

Church Name: Memorial Lutheran Church (Toledo, Oh)	
Your Name:	
Address:	
City, State, Zip:	
Email address:	
I would like to make the following contribution: Total: \$ _____	Date of first contribution: _____________ Frequency of contribution (check one): <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Semi-monthly – 1 st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th

CHECKING/SAVINGS	<i>Complete this section if using your checking or savings account</i>
Please debit my (check one): <input type="checkbox"/> Checking Account- attach voided check <input type="checkbox"/> Savings Account – attach voided deposit slip	
Routing #:	Account #:
<i>Valid Routing # must start with 0, 1, 2 or 3</i>	
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: ____ / ____ / ____	