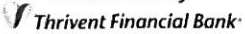
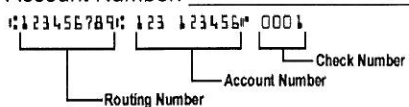


# AUTHORIZATION FORM

The **Simply Giving** Program  
 endorsed by  
 Thrivent Financial Bank

|   |   |   |
|---|---|---|
| <b>FOR OFFICE USE ONLY</b>  | <b>DONOR #:</b> _____   | <b>DATE:</b> _____  |
| <b>Name of the organization:</b> _____  |   |   |
| Last Name   |   | First Name  |
| Address   |   |   |
| City  | State   | Zip   |
| Email Address   |   |   |
| <b>DONATION:</b>  |   |   |
| <b>Date of first donation:</b><br>____/____/____<br><br><b>Date of last donation (optional):</b><br>____/____/____  | <b>Frequency of donation:</b> (please check one)<br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup><br><input type="checkbox"/> Bi-Weekly (every other week)<br><input type="checkbox"/> One Time | <b>Amount of first donation:</b> \$ _____<br><b>Amount of last donation (optional):</b> \$ _____  |
| Please debit donations from my (check one):<br><input type="checkbox"/> Checking Account (attach a voided check below)<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)                                 |   | Routing Number: _____<br><i>Valid Routing # must start with 0, 1, 2, or 3</i><br><br>Account Number: _____<br> |
| <b>AGREEMENT</b><br>I authorize the above organization 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: _____   |

*Please staple voided check here.*