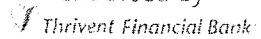
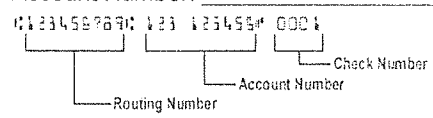


AUTHORIZATION FORM

The Simply Giving Program
 endorsed by
 Thrivent Financial Bank

FOR OFFICE USE ONLY	DONOR #:	DATE:
Name of the organization: <u>Green Lake Lutheran Ministries</u>		
Last Name		First Name
Address		
City	State	Zip
Email Address		
DONATION:		
Date of first donation: ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
Date of last donation (optional): ____/____/____		
Please debit donations 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: _____ 
AGREEMENT 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.



9916 Lake Avenue, South
 Spicer, MN 56288