## **AUTHORIZATION FORM**

## The **Simply Giving** Program endorsed by

FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE
Name of Church VALLEY	OF PEACE LUTHERAN CHURCH		
Effective date of authorization: _			
Type of Authorization Form:		Change b Discontinu	anking information ue electronic donation
Last Name		First Nam	e
Address			
City		State	Zip
Email Address			
Please debit my donation from my (check one):  Checking Account (attach a voided check below)  Savings Account (contact your financial institution for Routing #)		Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:  G123458789G 123 123458# GDD1  Chock Number  Routing Number	
FIRST DONATION DATE:	FREQUENCY OF DONATION:  Weekly on Monthly on Semi-Monthly (transferred on 1st and 15th of each to	month)	FUNDS AND AMOUNTS:  General/Operating \$  Building \$  Evangelism/Outreach \$  Total \$
AGREEMENT I authorize the above church an will remain in effect until I provide	d Vanco Services, LLC to process debit e reasonable notification to terminate the	e authorizati	