

The **Simply Giving**® Program endorsed by



AUTHORIZATION FORM

Church name: <i>Dinkey Memorial Evangelical Lutheran Church</i>	Envelope Number:
Your name:	
Address:	
City, State, Zip:	
Email address:	

I would like to make the following contribution(s):		Date of first contribution: ___/___/___ Frequency of contribution (check one): <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th
<input type="checkbox"/> General Operating Fund	\$ _____	
<input type="checkbox"/> Mission Support	\$ _____	
<input type="checkbox"/> World Hunger	\$ _____	
<input type="checkbox"/> Improvement Fund	\$ _____	
<input type="checkbox"/> Energy Fund	\$ _____	
<input type="checkbox"/> Other: _____	\$ _____	
<input type="checkbox"/> Other: _____	\$ _____	
Total	\$ _____	

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 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: ___/___/___	

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