

Simply Giving

Member Authorization Form

Please Print Clearly

Member Name: _____

Member Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Check One

- New authorization
- Change in authorization amount

Amount

\$ _____

Start Date*: ____ / ____ / ____

**If no date is filled in, the first transaction will take place on the next application date upon completion of your enrollment in "Simply Giving."*

Attach a voided check or savings deposit slip HERE from the account to be used.

**Mail completed form to:
King of Kings Lutheran Church
1583 Radio Drive
Woodbury MN 55125**

Frequency

- Weekly: Will be transferred on either Mondays **OR** Fridays. **CIRCLE ONE:** M or F
- Semi-monthly: Will be transferred on the 1st & 15th of the month.
- Monthly: Will be transferred on either the 1st **OR** 15th of the month. **CIRCLE ONE:** 1st or 15th

Privacy/Confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in "Simply Giving" as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.

I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Authorization Signature: _____

Credit Card Donation for a Special One-Time Gift

Name on Card: _____ Card #: _____

Exp. Date: _____ Zip code: _____ Security Code: _____

Signature: _____