



# The Simply Giving Program

## Enjoy the convenience of electronic giving

St. John's offers electronic giving, which allows you to make contributions on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much needed consistency for our daily ministries.

## How to get started

To set up electronic contributions, simply complete the authorization form below and return it to the church office. Contributions can be debited automatically from either a checking or savings account.

## AUTHORIZATION FORM

Name of the organization: St. John's Lutheran Church

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
Effective date of authorization: ____/____/____			
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> Daily Ministry Fund <input type="checkbox"/> Capital Expenditures <input type="checkbox"/> Other	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ <b>Total</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization 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: _____

*If using a checking account, please attach a voided check at the bottom of this page.*