



FIRST LUTHERAN CHURCH

Sharing Christ's Love

The *Simply Giving* Program — Authorization Form

Name of the organization: First Lutheran Church · 114 E Main Street · Geneseo, Illinois 61254

FOR OFFICE USE ONLY	ENVELOPE #	DATE																
Effective date of authorization: ____/____/____																		
Type of authorization: <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		Phone Number																
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FUNDS:</td> <td style="width:50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Capital Campaign</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Music & Arts</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> World Hunger</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General Fund	\$ _____	<input type="checkbox"/> Capital Campaign	\$ _____	<input type="checkbox"/> Building Fund	\$ _____	<input type="checkbox"/> Music & Arts	\$ _____	<input type="checkbox"/> World Hunger	\$ _____	<input type="checkbox"/> Other	\$ _____	Total	\$ _____
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<input type="checkbox"/> Other	\$ _____																	
Total	\$ _____																	
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____																

Complete this form and return it to the church office if you wish to begin using *The Simply Giving* Program.

- **When you submit your form, you will be removed from the offering envelope mailing list, although you will maintain your envelope number, which still can be used with the pew envelopes for special gifts. Questions, call the church office at 944-3196.**