

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by



Organization Name: **Trinity Lutheran Church & School**

FOR OFFICE USE ONLY	CHILD #: _____	DATE: _____
Effective date of authorization: ____/____/____ Name of Child: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City	State	Zip
Email		
Date of first payment: ____/____/____ (mm/dd/yy) Date of last payment (optional): ____/____/____	Frequency of payment: (please check only one) <input type="checkbox"/> Monthly on the 1 st	Amount of maximum payment: \$ _____
CHECKING / SAVINGS	Please debit payments 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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit/debit card section above.