
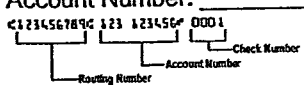


# AUTHORIZATION FORM

The **Simply Giving** Program  
 endorsed by  
 Thrivent Financial Bank

<b>FOR OFFICE USE ONLY</b>	<b>Student Name(s)</b>	<b>DATE</b>
St. Mark's Lutheran School		504739857
Effective date of authorization: ____/____/____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
<b>Last Name</b>		<b>First Name</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Email Address</b>		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
<b>FIRST DONATION DATE:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Monthly on the <del>1<sup>st</sup></del> _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>DESIGNATED AMOUNT:</b> <input type="checkbox"/> Tuition \$ _____
<b>AGREEMENT</b> I authorize the above school 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: _____

*Please attach voided check here.*