AUTHORIZATION FORM

The Sin	iply Giving Program
	endorsed by
	THRIVENT
	FEDERAL OPERIT HAION®

							FEDERAL	CREDIT UNION
FOR OFFIC	CE USE ONLY		ENVELOPE/DONOR	R #		DATE		
Effective date of authorization:// Type of authorization: New authorization Change banking information			0	Change donation amount Discontinue electronic donat	□ ion	Change do	onation date	
Last Name					First Name			
Address								
City						State		Zip
Email Addr	ess							
	FIRST DONATION:	□ W	eekly – Mondays onthly on the 1 st onthly on the 15 th	:	FUNDS: General/Operating Other		\$\$ \$\$	
KING / SAVINGS				Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Literal Series Literal Se				
	norize the above organonable notification to to orized Signature:			ny acco	ount. I understand that this au Date:	thority will ren	nain in effect	until I provide

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

Name of the organization: