

# SIMPLY GIVING - ELECTRONIC GIVING

Electronic giving allows you to make your financial gifts to God on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving! If you are gone to the lake on the weekends, or traveling all summer, you will appreciate electronic giving! If you challenged yourself to give a certain percentage of your income (a tithe) in order to grow closer in your relationship with Jesus, this makes the giving easier!

To set up regularly scheduled electronic giving, simply complete the authorization form included below and return it to the church office.

## AUTHORIZATION FORM

Name of the organization: **Our Saviour's Lutheran Church**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	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		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____  Total \$ _____
<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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ ⑆ 23456789 ⑆ 123 123456* 000 ⑆ └──────────┬──────────┬──────────┘ Routing Number      Account Number      Check 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.*