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# ST. PAUL EVANGELICAL LUTHERAN

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Sharing God's grace through Christ, we love, pray, rejoice and serve



375 Lothrop, Grosse Pointe Farms, MI 48230

313.881.6670

Rev. Frederick Harms  
Senior Pastor

Rev. Morsal Collier  
Associate Pastor

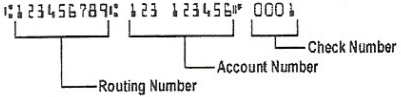
## *Simply Giving*®



Simply Giving® is an automated giving program designed to help you conveniently and consistently contribute to St. Paul Evangelical Lutheran Church. Through Simply Giving®, your gifts are made through a pre-authorized withdrawal from your bank account. You determine the amount and frequency of your automatic gift—weekly or monthly—the option is yours. Your donation is deposited into the church's bank account on the same day it is withdrawn from your account.

# AUTHORIZATION FORM

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

<b>FOR OFFICE USE ONLY</b>	<b>DONOR #:</b> _____	<b>DATE:</b> _____						
Name of the Church: _____ Effective date of authorization: ____/____/____ Type of Authorization Form: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<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	
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<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation							
<input type="checkbox"/> Change donation date								
Last Name		First Name						
Address								
City	State	Zip						
Email Address								
<b>DONATION:</b>								
Date of first donation: ____/____/____  Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the ____ <input type="checkbox"/> Weekly on the ____ <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Funds and donation amounts: <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism / Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____						
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>AGREEMENT</b> I authorize the above church and Vanco Services, LLC 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 staple voided check here.*