



### Simply Giving Authorization Form

Last Name		First Name	Middle Initial
Mailing Address	City	State	Zip Code
Home/Cell Telephone Number		Work Telephone Number	

Check the appropriate box:

New Enrollment/Authorization    
  Change in Authorized Amount    
  Change in Account

Privacy/Confidentiality: This Authorization Form is seen by the Luther Center as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.

Gifts/payments should be taken from:

Checking (attach a voided check)  
 Savings (attach a savings deposit slip)

Routing No. (found on check between these symbols |: |: )

Account No. \_\_\_\_\_

I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Donation Information:

Organization Name and Address: **THE LUTHER CENTER, 723 E Cherry St., Vermillion, SD 57069**

**Date of Monthly Gift Transfer** (please check only one)

Monthly on the 1st  
 Monthly on the 15<sup>th</sup>

Amount of each monthly gift (minimum \$5) \$ \_\_\_\_\_

**Date of first payment:** \_\_\_\_\_

**Date of last payment\*:** \_\_\_\_\_

\*Note: If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONT" as the date of the last payment.

**Attach a Voided Check or Savings Deposit Slip**

**Mail form to The Luther Center, 723 E. Cherry, Vermillion, SD 57069**

*For office Use only*

Congregation/Institution Code: \_\_\_\_\_

Date: \_\_\_\_\_

Verifier Initials: \_\_\_\_\_