

AUTHORIZATION FORM

The Simply Giving® Program

endorsed by



THRIVENT
FEDERAL CREDIT UNION®

Name of the organization: Call To Be Family
dba Lutheran Marriage Encounter

| | | |
|--|---|--|
| 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: ____/____/____ Date of last donation (optional): ____/____/____ | Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time | Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____ |
| CHECKING / SAVINGS | 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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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.
 Form may be mailed to the Call To Be Family Treasurer At:
Call To Be Family
 3615 Amberidge Dr
 Chapel Hill, NC 27514-8225

Form may be scanned and emailed to narfinancecouple@gmail.com For questions call 919-797-0501