

PLEASE CONSIDER THE SIMPLY GIVING PROGRAM:

By participating in the Simply Giving Program (preauthorized automatic electronic donations), members insure that St John Lutheran Church is able to meet its financial obligations even during times of the year when members are typically on vacation. This authorization carries no risk to the donor. ** If you wish to cancel, change, or even reverse a transaction, this can be accomplished with a phone call to the church or the Financial Secretary. In this circumstance, please contact the church at least 3 days before the scheduled withdrawal.

Members who wish to participate in the offering collection during the worship service can write "Simply Giving" on their envelope and put it (empty) into the collection plate.

AUTHORIZATION FORM

**The Simply Giving® Program
endorsed by**

Name of the organization: St John Lutheran Church, New Freedom PA



	ENVELOPE # _____	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 on _____ <input type="checkbox"/> Monthly on the _____ <input type="checkbox"/> Other _____	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____ AMOUNTS: \$ _____ \$ _____ Total \$ _____
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

**** If there are insufficient funds available in your account on the date of the automatic deduction, your bank may charge an insufficient funds (NSF) fee that is beyond the control of St John Lutheran Church. There are no fees or penalties levied by Simply Giving or the church.**