

Evergreen Giving Program Automatic Donation Authorization Form

ReconcilingWorks utilizes the Simply Giving® automated giving program endorsed by Thrivent Federal Credit Union for its automatic donations. Please complete the appropriate sections below and sign the form. All requested information is required. Upon receipt, we will begin automatic donations as requested. You may cancel or suspend this automatic donation authorization at any time by contacting us.

Donor Information (To be completed by donor)

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Initial <input style="width: 95%;" type="text"/>
Mailing Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>
Home Telephone Number <input style="width: 95%;" type="text"/>	Work Telephone Number <input style="width: 95%;" type="text"/>	
Mailing Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>

Check the appropriate boxes: New enrollment/authorization Change in authorized amount Change in account/date
 Please mail me a receipt for every donation. Please **DO list** my/our name(s) in any public donor listings.

Privacy/Confidentiality: This Authorization Form is seen by ReconcilingWorks as well as by the Vanco Services employees who process it (if necessary). Participant information will not be shared with any other organizations.

Donation Information (To be completed by donor)

I authorize ReconcilingWorks to automatically take a donation as specified:

Donation Amount <input style="width: 95%;" type="text"/>	Donation Frequency:	<input type="radio"/> Annually on Month/Day <input style="width: 40px;" type="text"/>
Begin Donating On <input style="width: 95%;" type="text"/>	<input type="radio"/> Semi-Annually on	Month/Day <input style="width: 40px;" type="text"/> and <input style="width: 40px;" type="text"/>
End Donating On <input style="width: 95%;" type="text"/>	<input type="radio"/> Quarterly on	<input type="checkbox"/> the 1 st or <input type="checkbox"/> the 15 th
	<input type="radio"/> Monthly on	<input type="checkbox"/> or when I provide written cancellation

Account Information (To be completed by donor)

<input type="checkbox"/> Automatic Bank Account Deduction (<i>preferred</i>)	OR	<input type="checkbox"/> Automatic Credit Card Charge
Donations should be taken from: <input type="radio"/> Checking Account <input type="radio"/> Savings Account		Card Type: <input type="radio"/> Visa <input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> American Express
Routing No.: (between ■■ and ■■) <input style="width: 80%;" type="text"/>		Card Number: <input style="width: 95%;" type="text"/>
Account No. <input style="width: 95%;" type="text"/>		Expiration Date: <input style="width: 40px;" type="text"/> Billing Zip: <input style="width: 40px;" type="text"/>
		Cardholder's Name: <input style="width: 95%;" type="text"/>

Authorization Information (To be completed by donor)

I authorize ReconcilingWorks and Vanco Services, LLC to automatically take donations from my account. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Signed By _____

Date _____

Return completed form to:

ReconcilingWorks: Lutherans for Full Participation
1669 Arcade St N Ste 2, St. Paul, MN 55106-1054