

The Simply Giving® Program

endorsed by



ENROLLMENT AUTHORIZATION FORM

Please print a copy of this form and return the completed form to Vicki Schmidt, Business Manager, GSLC, 16420 S. Westland Drive, Gaithersburg, MD 20877

Last Name		First Name	
Address			
City		State	Zip
Frequency of Donation: <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-monthly on the 1 st and the 15th	First Donation to Occur on _____ / _____ / _____		Designated Amount: \$_____ to be credited to the general operating fund of the church
Please debit my contribution from my <input type="checkbox"/> Savings Account (or) <input type="checkbox"/> Checking Account		Routing Number of my banking institution: _____ Account Number for my bank account: _____	
<p>I authorize Good Shepherd Lutheran Church to process debit transactions from the account designated above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p>			
Signature		Date	
FOR OFFICE USE ONLY Date received: _____ Date effected: _____ Contributor Envelope #: _____			