NEW AUTHORIZATION FORM

The Simply Giving® Program endorsed by Thrivent Federal Credit Union™

Organization Name: St. John's Early Childhood Center

FOR OFFICE USE ONLY	PROGRAM:	DATE

Name of child: _____

Type of authorization: ☐ New authorization ☐ ☐ ☐

PAYEE INFORMATION:

Last Name	First Name	
Address		
City	State	Zip
Email		

Date of first payment: _____/_____/_____ (mm//dd/yy) **Date of last payment:** _____/_____/_____	**Frequency of payment:** (please check only one) ☐ Monthly on the 1st ☐ Monthly on the 15th	**Tuition payment:** $ _____

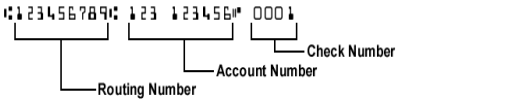
CHECKING ACCOUNT INFORMATION

Please debit payments from my :

☐ 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:_____

Please attach a voided check at the bottom of this page.