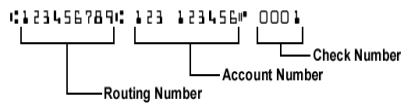


# DIRECT GIVING AUTHORIZATION FORM

Organization Name: SHARON LUTHERAN CHURCH

<b>Customer Id #</b>		<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State                      Zip
Email Address		
<b>Payment Frequency:</b> <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ Date of one time payment: ____/____/____ Amount : \$_____		
Date of first payment: ____/____/____    Amount of recurring payment: \$_____		
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____	
<b>CREDIT/DEBIT CARD</b>	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____	

***If using a checking account, please attach a voided check over the credit card section.***

# 2023 Estimate of Giving

*“Where your treasure is, there your heart will be also.” ~ Luke 12:34*



- I/we will uphold the congregation with my prayers, presence, gifts and service.
- I/we promise to be a generous steward by giving \$\_\_\_\_\_ (per week, per month, per year) to ministry and mission at Sharon Lutheran.
- I/we would like to use /or are currently using Direct Giving (formerly Simply Giving), for all or a portion of my commitment. **Please check one of the following and complete form on back**
  - Currently enrolled in Direct Giving (formerly Simply Giving).**  
Please increase my donation effective \_\_\_\_\_(date) .
  - I/we wish to enroll in Direct Giving.** (Please fill out and return form on back.)
- I/we would like information about Sharon Lutheran's Endowment Fund.
- I/we would like to talk to a pastor or other leaders about how I/we can be more involved at Sharon Lutheran.
- I/we am/are not able to estimate my/our giving at this time.

2023 Estimate of Giving	
Name	_____
Address	_____
Phone	_____
E-Mail	_____
Envelope #	_____

The goal of our Stewardship Ministry is to help God's people grow in their relationship with Jesus through the use of the time, talents, and finances God has entrusted to them.

This estimate of giving for one year beginning January 1, 2023 and ending December 31, 2023.