



Epiphany Evangelical Lutheran Church

1400 Horsepen Road, Richmond, VA 23226

The Rev. Phillip W. Martin, Jr., Senior Pastor  
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## Simply Giving Authorization Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Frequency of Donation and Amount-select one

Weekly \$ \_\_\_\_\_

1st of Month \$ \_\_\_\_\_

15th of Month \$ \_\_\_\_\_

Date of First Donation \_\_\_\_/\_\_\_\_/\_\_\_\_

Envelope Number \_\_\_\_\_ Email Address \_\_\_\_\_

**I authorize Epiphany Evangelical Lutheran Church to process debit entries to my account. I understand that this authority will remain in effect until I provide notification to terminate or change this authorization.**

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note!! Please attach a voided checking account or a savings account slip below.**