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**Electronic Giving Authorization Form**

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| For Office Use Only: | Envelope/Donor #: | Date: |
| Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_Type of Authorization: ⃝ New Authorization ⃝ Change Donation Amount ⃝ Change Donation Date ⃝ Change Banking Information ⃝ Discontinue Electronic Donation |
| Last Name: | First Name: |
| Address: |
| City: | State: | Zip: |
| Email Address: |
| Date of First Donation:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | Frequency of Donation:\_\_\_Weekly/Monday \_\_\_Monthly on 1st\_\_\_Semi Monthly \_\_\_Monthly on15th  (1st&15th) | Funds: Amounts:\_\_\_General/Operating $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trustees $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other(\_\_\_\_\_\_\_\_\_\_\_\_) $ \_\_\_\_\_\_\_\_\_\_\_\_  *Total:* $ \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please debit my donation from my:**⃝ Savings Account (contact your financial institution for routing number)⃝ Checking Account (attach voided check to this form) | Routing number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Valid routing number must start with 0, 1, 2, or 3)Account number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*ı:123456789ı: 123 123456ı: 0001*(Routing Number) (Account number) (Check #) |
| I authorize the above organization to process the 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(If using a checking account, please attach a voided check to this form.)** |