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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.)** | | | | | | | | |