

AUTHORIZATION FORM

The **Simply Giving** Program
endorsed by



Name of the organization: _____

| | | |
|---|---|--|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
| Effective date of authorization: ____/____/____ | | |
| Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation | | |
| Last Name | First Name | |
| Address | | |
| City | State | Zip |
| Email Address | | |
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th | FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____ |
| | | AMOUNTS: \$ _____ \$ _____ Total \$ _____ |
| CHECKING / SAVINGS | Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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: _____ |

If using a checking account, please attach a voided check at the bottom of this page.