

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 banking information <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date					
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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div><div>23456789</div><div>23456789</div><div>000</div><div>Routing Number</div><div>Account Number</div><div>Check Number</div></div>		
	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.