

AUTHORIZATION FORM

Simply Giving

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:		FUNDS:		
		<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		<input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Other _____ \$ _____		
				Total from above \$ _____		
CHECKING / SAVINGS	Please debit my donation from my (check one):			Routing Number: _____		
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)			Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆ 1234567890 123 1234567 0001 Routing Number Account Number Check 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: _____						
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card					
	Card Number:			Expiration Date:		
	Name on Card:					
	Billing Address (if different from above):					
	I authorize the above organization to process transactions in accordance with the information above.					
Signature (as it appears on the card): _____ Date: _____						

If using a checking account, please attach a voided check over the credit/debit card section above.