



AUTHORIZATION FORM DONATION UPDATE ONLY

The **Simply Giving**® Program

endorsed by



This form is to be used for the following:

1. Updating your donation amount and/or frequency.
2. Acknowledging that you are using the same bank account as your existing EFT.

ENVELOPE/DONOR #	DATE
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Last Name	First Name		
Address			
City	State	Zip	
Email Address			

Box 1. New Donation or Update Donation Information

DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Weekly – Fridays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (transferred on 1 st & 15 th of each month)	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ Total \$ _____
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Box 2. Update Donation Information for Existing EFT Bank Account

Existing EFT Account	Please debit my donation from my Authorization (check one): <input type="checkbox"/> Please debit my donation using my existing EFT account	Type of authorization: <input type="checkbox"/> Change my donation per information provided in Box 1 <input type="checkbox"/> Discontinue my electronic donation
	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: _____	

Changing your bank account information will require a New Authorization Form.