



SIMPLY GIVING AUTHORIZATION FORM

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