

BANK AUTHORIZATION FORM FOR FUND TRANSFER



FOR OFFICE USE ONLY (rev. 12.3.20)		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: ____/____/____ Allow 15 days for mail and processing time.] Date of last donation (optional): ____/____/____		Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th ** Recommended ** <input type="checkbox"/> One Time ** Eliminates confusion around fiscal year end.		Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____	
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: _____ 	
	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.