



E-Giving Enrollment and Authorization Form
(Authorization Agreement for Electronic Transfer of Funds via ACH Debits)

Instructions:

1. Complete this entire authorization agreement. Please print using black or blue ink.
2. Present this completed form to the organization's financial office. If your checking account will be debited, please attach to this form a voided check for the checking account. If your savings account will be debited, please attach to this form a voided deposit slip for the savings account.
3. This agreement may be revised or terminated at any time by written notification or email to the organization's financial office.

YOUR INFORMATION

Check all appropriate box(es):

- New Enrollment/Authorization
- Change in E-Giving Amount
- Change in Frequency
- Change in Bank Account

Last Name:	First Name and Middle Initial:
Street Address:	
City:	State and Zip Code:
Email:	Daytime Phone: () Evening Phone: ()

E-GIVING AMOUNT AND FREQUENCY

Organization Fund Designation:

Amount Per E-Give:

Statewide \$ _____
 County: _____ \$ _____
 Other: _____ \$ _____

Total E-Giving Amount: \$ _____

The total amount will be debited based upon the frequency selected.

Frequency of E-Give: (Please check only one.)

- Weekly on Monday
- Weekly on _____
- Weekly on Friday
- Every Other Monday
- Monthly on the 15th
- Monthly on _____
- Monthly on the Last Business Day
- Semi-Monthly (15th and Last Day of Each Month)
- Quarterly
- One-Time

Date of First E-Give ____ / ____ / ____

CHECKING OR SAVINGS ACCOUNT ACH DEBIT AUTHORIZATION

E-Giving should be debited from my:

- Checking Account (Please attach a voided check.)
- Savings Account (Please attach a deposit slip.)

Routing Number (9 Digits): _____

Account Number: _____



I hereby authorize *The CALL* to automatically withdraw donations from my account by initiating ACH debit transactions per the amount, frequency, and account information stated on this form. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until *The CALL* has received written notification from me of its termination in such time and in such manner as to afford *The CALL* a reasonable opportunity to act on it.

The CALL Use Only:

ACH Transaction Set Up on ____ / ____ / ____ by _____

Individual ID Assigned: _____

Account Holder Signature: _____

Date: ____ / ____ / ____

