

Monthly Giving Authorization Form

Please complete this form to authorize recurring monthly donations. Once filled out, print, sign, and mail or deliver this form to our office.

1. Donor Information

Full Name:

Street Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

2. Donation Details

Monthly Donation Amount (\$):

Start Date (MM/DD/YYYY):

Preferred Transfer Day (e.g., 1st or 15th):

3. Payment Method

Please fill out either Option A (Credit Card) or Option B (Bank Account).

Option A: Credit / Debit Card

Cardholder Name:

Card Type (Visa, MasterCard, Amex, Discover):

Card Number:

Expiration Date (MM/YY):

Security Code (CVV):

Option B: Direct Debit (ACH / Bank Transfer)

Bank Name:

Account Type (Checking or Savings):

Routing Number:

Account Number:

4. Authorization and Signature

I authorize the organization to initiate monthly debits from my account or card specified above. This authority is to remain in full force and effect until I provide written notification of its termination.

Authorized Signature (Sign after printing):

Date Signed (MM/DD/YYYY):