

AUTHORIZATION FORM

Ecumenical Campus Ministry, Inc. at Kansas State University
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| | | |
|--|--|--|
| FOR OFFICE USE ONLY | SUMAC ID # | 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: ____/____/____ 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 <input type="checkbox"/> Bi-Weekly (every other week) | Amount of first donation: \$ ____ |
| 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.