

## **E-Giving Enrollment and Authorization Form**

(Authorization Agreement for Electronic Transfer of Funds via ACH Debits)

## Instructions:

1. Complete this entire authorization agreement in print, using black or blue ink.

<ol> <li>Please attach a voided check to debit a checking account, or voided deposit slip to debit a savings account (see below).</li> <li>Mail completed form to: The CALL / PO Box 25524 / Little Rock, AR 72221-5524</li> <li>This agreement may be revised or terminated at any time by written notification/email to the organization's financial office.</li> </ol>			
YOUR INFORMATION			
Check all that apply:  Last Name:			First Name & Middle Initial:
<ul> <li>□ New Enrollment Authorization</li> <li>□ Change in E-Giving Amount</li> <li>□ Change in Frequency</li> <li>□ Change in Bank Account</li> </ul>	Street Address:		
	City:		State and Zip Code:
	Email:		Daytime Phone: Other Phone:
E-GIVING AMOUNT AND FREQUENCY			
Organization Designation of Funds  Please list the area or county with the amount that you want funds designated. If you wish to split your donation, please indicate by name(s) of county and the amount to each.  Statewide Amount \$  County: Amount \$  Other: Amount \$  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 Friday Every Other Monday Monthly on the 15 <sup>th</sup> Monthly on the Monthly on the Last Business Day Bi-Weekly Quarterly One-Time  Date of First Automatic Draft (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 voided deposit slip)  Routing Number (9 Digits):  Account Number:  Routing Code 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 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.  Account Holder Signature:	
The CALL Use Only:  ACH Transaction Set Up on / By:			
Individual ID Assigned:			
(Revised 8/24/17)		Date://	