

AUTHORIZATION AGREEMENT FOR ONE STEP GIVING

Spirit FM Radio
PO Box 800
Camdenton, MO 65020

spiritfm.org
573.346.3200

ES7573

FOR OFFICE USE ONLY	DONOR #	DATE																																							
Effective date of authorization: ____/____/____																																									
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Place donation on hold <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date																																									
Last Name		First Name																																							
Address																																									
City	State	Zip																																							
Email Address		Phone																																							
Date of first donation: ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 3 rd <input type="checkbox"/> Monthly on the 18 th (Credit card donations will be taken out on the 18 th) <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> SPIRIT FM Amount of first donation \$ _____ </td> <td style="width: 50%; text-align: center;"> PULSE CHANNEL Amount of first donation \$ _____ </td> </tr> </table>	SPIRIT FM Amount of first donation \$ _____	PULSE CHANNEL Amount of first donation \$ _____																																					
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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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <div style="text-align: center; margin-top: 10px;"> <table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td style="border: 1px solid black; padding: 2px;">8</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td style="border: 1px solid black; padding: 2px;">8</td> <td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> </tr> <tr> <td colspan="9" style="text-align: center;">Routing Number</td> <td colspan="3" style="text-align: center;">Account Number</td> <td colspan="4" style="text-align: center;">Check Number</td> </tr> </table> </div>	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	0	0	0	Routing Number									Account Number			Check Number			
	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	0	0	0																		
Routing Number									Account Number			Check Number																													
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card																																								
	Card Number:	Expiration Date:																																							
	Name on Card:																																								
	Billing Address (if different from above):																																								
NOTES																																									

AUTHORIZATION

I authorize the above organization to process transactions in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____