



AUTHORIZATION FOR DIRECT GIVING – UPDATE

ENTER ANY CHANGES AND SIGN AND DATE FORM

I (we) hereby authorize Sunnyvale Presbyterian Church to initiate debit entries to my (our) checking/ savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until Sunnyvale Presbyterian Church is notified by me (us) in writing to cancel it in such time as to afford Sunnyvale Presbyterian Church and the financial institution a reasonable opportunity to act on it.

Please attach a VOIDED check to this form and return it to the church office, Attn: Peggy. Alternatively, the form may be emailed to peggy@sunnyvalepres.com

FINANCIAL INSTITUTION INFORMATION

Name of Institution	
Address	
Routing Number	
Account Number	
Type of Account	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Donation Amount Each Time	\$
Recurring Frequency	1 st of each month

DONOR INFORMATION

Name	Phone
Address	
Email Address	
Signature	Date

ATTACH YOUR VOIDED CHECK OR PLACE A COPY HERE: