

**Electronic Giving Request**

[ ]  Yes, I/we authorize Global Service Associates to initiate debit entries directly from my/our account maintained at the bank named below. The debit will occur (Select one)

**Monthly (choose day)** [ ]  **On the 5th** [ ]  **On the 20th** [ ]  **One time** [ ]  **Annually**

**Start date of donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

My bank information: (Attach a voided check)

The account is: [ ]  Checking[ ] Savings 

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each donation is to be designated to Global Service Associates account as indicated:

**$ \_\_\_\_\_\_\_\_\_ Preference for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of member or project)**

This authority is to remain in full force and effect until Global Service Associates has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Global Service Associates and my bank a reasonable opportunity to act on it.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Global Service Associates P.O. Box 6033 Broomfield, CO 80021**\*\*If you have any questions, call Diane Murray, Donor Services, 303-214-5331, ext. 2 or email Diane at diane.murray@globalassociates.org