



ELECTRONIC PAYMENT & CHANGE FORM

Date: _____ Staff: _____ Phone: _____

Donor Information – Complete all information in this section.

- Name Change
 Address Change
 Phone Change
 Donor Change (Joint/Individual)

Donor Name: _____ ID#: _____

Co-Donor Name: _____ ID#: _____

Donor Address: _____

Donor Phone: _____

Donor Email: _____

Automatic Payment Changes: Please enter donor requested changes.

- Stop** transfers until further notice
- Suspend** transfers until month of ____/____ or will advise
- Reactivate** transfers effective month/year of ____/____
- Remove Limit** / Continue transfers through month/year of ____/____
- Change of Designation** effective month/year ____/____
Old _____ New _____
- Change of Amount** effective month/year of ____/____
Old \$ _____ New \$ _____
- New Checking Account** (Donor will receive form through the mail for request to be processed. A new signed enrollment form and copy of voided check from new account are required prior to set-up.)
- Change from **Credit Card to ACH** (Donor will receive form through the mail for request to be processed. Signed enrollment form and copy of a voided check are required prior to set-up.)
- Change from **ACH to Credit Card** (*supply card information below*)
- New Credit Card** Information
- Make a one time gift by Credit Card** (*supply card information below*)

Credit Card Information:

Name as it appears on the card: _____

Credit Card # _____ - _____ - _____ Exp ____/____

Amount \$ _____ Designation _____

Comments: _____

PROCESSING USE ONLY

- EFT (ACH)
 RT Ware (credit card)

Routed to _____ date ____/____/____

Required Documentation

- Enrollment Agreement
 Voided Check

Documentation received on ____/____/____ Processing Completed on ____/____/____ By _____