



DIMITRI HOUSE

## AUTOMATIC GIVING AUTHORIZATION

Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type:**

- New authorization
- Change bank information
- Change donation amount
- Change donation date
- Terminate authorization

**Frequency of donation:**

- Monthly on the 1<sup>st</sup>
- Monthly on the 15<sup>th</sup>
- One time
- Other (Explain) \_\_\_\_\_  
\_\_\_\_\_

Amount of donation: \$ \_\_\_\_\_

**Cash account information:**

Please attach a copy of a voided check.

I authorize Dimitri House, Inc. to process withdrawals from my cash account as described above. I understand that this authority will remain in effect until I provide reasonable notification to adjust or terminate the authorization.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_