



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