One Step Giving

CHANGE • STOP FORM

Office Use
Online:

REQUIRED INFORMATION:

Spirit FM Radio
PO Box 800
Camdenton, MO 65020

ES7573

573-346-3200

Partner Name _____ Partner # _____

Authorized Signature _____ Effective Date of Change _____/_____/_____

****** COMPLETE ONLY INFORMATION TO BE UPDATED ******

PARTNER INFORMATION

	Change From	Change To
Partner Name		

TRANSACTION INFORMATION

	Change From	Change To	Is Change Permanent?
Transaction Date			❑ Yes ❑ No
Amount			❑ Yes ❑ No

STOP PAYMENT:

❑ Permanently ❑ Temporarily If temporary, enter date to resume payment _____/_____/_____ *(optional)*

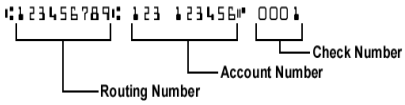
Remove account from temporary hold status and restart payments: ❑ Yes ❑ No

CHECKING/SAVINGS INFORMATION

Account Type: ❑ Checking ❑ Savings

Change Routing # to

Change Account # to



CREDIT/DEBIT CARD INFORMATION

❑ MasterCard ❑ Visa ❑ Discover ❑ American Express

Card No.

Expiration Date ____/____

I authorize Spirit FM to charge the agreed amount to this card one time per month. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.
Initials: _____

COMMENTS / INSTRUCTIONS

ID#