# 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)*

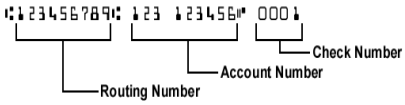
Remove account from temporary hold status and restart payments: ❑ Yes ❑ No

### 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 ____/____

Name on Card _____

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#