



THE EPISCOPAL  
THE DIOCESE OF  
NEW YORK

E-PLEDGING

INDIVIDUAL AUTHORIZATION CHANGE FORM

Your Name \_\_\_\_\_

Congregation \_\_\_\_\_ Borough/City \_\_\_\_\_

To change any information or instructions about your participation in E-PLEDGING, please indicate the current information in the left-hand column and your new information or instructions on the right. Please give *at least* 15 (fifteen) days' notice. Thank you.

	Current information		New information	
<i>Date(s) &amp; Amount(s)</i>	<input type="checkbox"/>	5 <sup>th</sup> \$ _____	<input type="checkbox"/>	5 <sup>th</sup> \$ _____
	<input type="checkbox"/>	20 <sup>th</sup> \$ _____	<input type="checkbox"/>	20 <sup>th</sup> \$ _____

**Bank account information** (attach voided check from new account)

Name of bank	_____	_____
ABA number	_____	_____
Account number	_____	_____

**Contact information**

Daytime phone	_____	_____
Fax	_____	_____
E-mail	_____	_____

**Termination**  Please discontinue my participation

**Date the change or termination is to be effective** \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Please give this form (with the voided check, if necessary) to your Treasurer. Your Treasurer will forward the information to the Controller's office. On receipt of the new information or instructions, the Controller's office will confirm the changed information.