



## **SIMPLE GIVING Program Change Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Requested Change:**

#### **Payment Method Options:**

- Auto Bank Withdrawal  
 Credit Card

**Revised frequency:**  Weekly  Bi-weekly  Monthly  Semi-monthly

If you want the transfer on a particular weekday or day of the month please indicate that below:

\_\_\_\_\_

**Revised amount:** \$ \_\_\_\_\_

**For more information about SIMPLE GIVING contact:**

**Unity Church of Fort Worth Office  
Or Treasurer, Joe Greenslade, 817-995-4685**

### ***Unity Church of Fort Worth***

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