

# AdventistGiving

## Add/Change Information Form

Fax: 866-424-0956

Email: Help@AdventistGiving.org

We, the undersigned, give permission for the North American Division of Seventh-day Adventists (AdventistGiving) to update our account information provided below.

By signature we verify the information as true and correct.

Add/Change:  Bank       Pastor       Treasurer       Assistant/Associate Treasurer

### **Church**

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### **Bank** – Required only if you are changing your bank account information.

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

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

**\* Please attach a copy of your voided check. It is required for verification.**

### **Church Pastor**

Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_

### **Church Treasurer**

Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_

### **Assistant/Associate Church Treasurer**

Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_