

# Electronic Giving Solutions Beneficiary Settlement Account Change Authorization

Please include the following documents with the completed application. For more information or questions regarding this application please call toll-free 1(866) 604-8880 extension 706.

## Required Documents

Attach a voided check from the account to be used for the settlement of funds

## Settlement Account

- Additional Settlement Account
- Replace Existing Settlement Account

## Organization Information

Name as listed on Federal Tax ID:

Street Address:  Street Address Line 2:

City:  State:  Zip:

Primary contact:  Telephone:  Email Address:

## Settlement Account Information (account from which funds will be credited and/or debited)

Bank Name:  Transit Routing Number:  Account Number:

Authorization: As a duly authorized representative for the applicant named herein, I authorize Stewardship Technology, Inc. to debit the account listed for the one time, monthly fees and per item fees listed on this fee schedule. I understand and agree that one-time fees will be charged immediately after the application is approved and that monthly fees will be debited on or about the first banking business day of each month of the services being rendered. I also understand that fees caused by transaction activity will be debited on or about the next business day after the transaction is received by Stewardship Technology, Inc. I authorize Stewardship Technology, Inc. to credit the account listed for donations received from donors. If your payment is returned unpaid you understand and authorize the item plus \$10.00 processing fee to be electronically debited from your account.

Signature:  X  Date:  MM/DD/YYYY

## Approval

The statements I (we) make in this application are true. I (we) agree to notify Stewardship Technology, Inc. of any important changes in the facts listed above. This application now belongs to Stewardship Technology, Inc. I (we) further understand that a Consumer Report and/or other reports of each of the officers/partners of the applicant firm may be requested from one or more reporting agencies. In order to process this application, it is necessary that a majority of officers sign below. Each of the undersigning ("you") understand that State Vehicle Code requires the Department of Motor Vehicles to hold information concerning your residential or mailing address in confidence, to be released only to court, to governmental or law enforcement agencies, and under some circumstances, to insurance companies. Generally, anyone else seeking that information must obtain your written waiver to your right to confidentiality before it is released. By signing this form you hereby waive your rights to confidentiality as to this information with respect to Stewardship Technology, Inc. and authorize the Department of Motor Vehicles to release such information to Stewardship Technology, Inc. or its representatives or agents when such information is sought in connection with any business you have conducted or are conducting with Stewardship Technology, Inc. I (We) have read and will comply with the terms and conditions of use as represented by the information at [http://www.egsnetwork.com/pages/user\\_agreement.php](http://www.egsnetwork.com/pages/user_agreement.php)

As a duly authorized representative for the applicant named above, I agree to be bound to the TERMS AND CONDITIONS, PRIVACY POLICY, ACCEPTED USE POLICY for the Electronic Giving Solutions service and authorize the account(s) about to be debited and/or credited by Stewardship Technology, Inc. according to the aforementioned Terms and Conditions and Policies. This authorization is also applicable to any new account information provided by Stewardship Technology, Inc. at some future time. I understand that the approval is determined by Stewardship Technology, Inc. I certify that the information provided in this application is true and correct to the best of my knowledge.

**I (we) certify that the organization named in this application is a recognized 501(c)3 not-for-profit organization as defined by the Internal Revenue Service of the United States of America and is authorized to issue federal tax receipts for charitable contributions.**

Signature:  Date:  MM/DD/YYYY

Printed Name:  Title:

Please upload or email completed application and supporting documents to Suran Systems, Inc.

**Upload Files**  
<https://www.suran.com/file-depot/>

**Email**  
[customerservice@suran.com](mailto:customerservice@suran.com)

The asset account used in CDM+ for deposit processing may need to be updated. Please follow instructions here:  
[help.suran.com/deposit-processing](http://help.suran.com/deposit-processing)