



EFT Authorization Form

Effective date of authorization: \_\_\_/\_\_\_/\_\_\_

- Type of authorization: [ ] New authorization [ ] Change payment amount [ ] Change banking information [ ] Discontinue electronic payment [ ] Change payment date

Last Name: First Name: Address: City: State: Zip: Email Address:

DONATION INFORMATION

One-time or recurring monthly donation: [ ] One-time [ ] Monthly

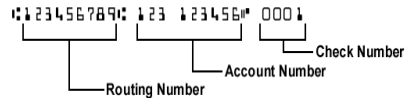
Date of donation: \_\_\_/\_\_\_/\_\_\_ (if monthly donation, withdrawals will occur on same date every month)

Donation amount: \$ \_\_\_\_\_

Please debit payment from my (check one):

- [ ] Savings Account (contact your financial institution for Routing #) [ ] Checking Account (staple a voided check below)

Routing Number: \_\_\_\_\_ (valid routing # must start with 0, 1, 2, or 3)



Account Number: \_\_\_\_\_

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_