



Electronic Funds Transfer Authorization Form

Donor Name: _____

Contact (if Organization is donating): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift Designation: Where needed most Specify _____

Gift Amount: \$ _____

Gift Recurrence: One Time Gift Recurring Monthly gift

If Recurring gift:

What is the end date of your recurring donation?

1 year (12 fund transfers) No End date

Specify _____

Would you prefer the funds transfer on the 5th or the 21st of the month?

5th of the month 21st of the month

Please enclose a voided check which will indicate your routing number and account number and fill them in below:

These numbers are at the bottom of your check as shown

Account: Checking Savings

Routing Number: _____

Account Number _____



Signature _____

Date: _____