

Electronic Funds Transfer (EFT) Donor Authorization Form

Please complete this form to authorize automatic bank transfers for your donations. Once completed, please print, sign, and mail this form along with a voided check to our office.

1. Donor Information

Full Name (First and Last): <input type="text"/>	
Street Address: <input type="text"/>	
City, State, Zip Code: <input type="text"/>	Phone Number: <input type="text"/>
Email Address: <input type="text"/>	

2. Donation Details

Donation Amount (\$): <input type="text"/>	Start Date (MM/DD/YYYY): <input type="text"/>
Frequency (e.g., Monthly, Quarterly, One-time): <input type="text"/>	

3. Bank Account Information

Please attach a voided check for checking accounts.

Bank Name: <input type="text"/>	
Routing Number (9 Digits): <input type="text"/>	Account Number: <input type="text"/>
Account Type (Type "Checking" or "Savings"): <input type="text"/>	

4. Authorization and Signature

I hereby authorize this organization to initiate debit entries from my bank account indicated above. This authorization remains in effect until I notify the organization in writing to terminate this agreement.

Authorized Signature (Sign after printing): <input type="text"/> Please sign here by hand	Date (MM/DD/YYYY): <input type="text"/>
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