

Caring Today, Building Tomorrow
Electronic Funds Transfer
AUTHORIZATION FORM

1. Name(s) _____
Mailing Address _____
Daytime Phone Number _____ Email _____
2. Date you wish automatic giving to begin _____
3. How often do you want to give? (CHECK ONE)
 Monthly (15th of each month)
 Semi-Monthly (transferred on 5th and 20th of each month)
 Quarterly (transferred in January, April, July, October)
 Annually (transferred on January 15)
4. Amount of funds you wish to contribute _____
5. Please check which account you want to have your contributions deducted from:
Note: For a savings account, ask your bank to give you the Routing/Transit number
- Checking (attach voided check)
 Savings (attach savings deposit slip)
Account number _____
Routing number _____
(The 9-digit number on the bottom left corner of your check.)

I (We) authorize the Little Sisters of the Poor, Baltimore to process debit entries to my (our) account. I (We) have attached a voided check or savings deposit slip. This authority will remain in effect until I (we) give reasonable notification to terminate this authorization.

Authorized signature: _____ Date: _____

Authorized signature: _____ Date: _____

(Joint account requires both signatures.)