



Electronic Funds Transfer (EFT) Form

Please fill out and return to our downtown office to participate in Aid for Women's e-giving program.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

I authorize my bank to transfer \$_____ from my account to **Aid for Women**. Please transfer my monthly gifts on the: 5th 20th of every month. (*check one*)

NAME OF BANK:

ROUTING NUMBER:

ACCOUNT NUMBER:

IMPORTANT: If you are not sending a gift with this form, please include a voided check.

SIGNATURE:

DATE:

Thank You! Your first electronic transfer will occur within 45 days. Please contact our office for a copy of the Terms and Conditions.

