



**Electronic Funds Transfer (EFT) Form**

I hereby authorize my bank to transfer \$\_\_\_\_\_ to Game Plan 4 Hope.

Please withdraw these funds on the \_\_\_\_\_ 1<sup>st</sup> of each month - OR - \_\_\_\_\_ 15<sup>th</sup> of each month

Receipt Preference \_\_\_\_\_ a year-end summary list of gifts -OR- \_\_\_\_\_ individual (monthly) gift receipts

Signature (Required) \_\_\_\_\_ Starting Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**ACH Information**

Depository Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK