

Electronic Funds Transfer Agreement

I authorize The Mountain Education Foundation, Inc. to debit my account in the amount indicated in the amount indicated in this agreement each month. This authority will remain in effect until I provide notice to cancel this agreement. I understand it may take two to six weeks to process this EFT request and I will be notified when the first withdrawal will occur.

Please print and complete this agreement and enclose a voided check for verification.*

Signature _____ Date _____

Please record my gift as:

Name

Address

City/State/Zip

Phone

E-mail

I wish my gift to be anonymous

Bank information:

Name of Bank _____

Name on Account _____

Routing Number _____

Account Number _____

Amount to be drafted each month: \$20 \$30 \$50 \$_____ other

*Your gift will be withdrawn from your account on the fifteenth day of each month. If the fifteenth day of the month falls on a week-end or holiday, your gift will be withdrawn from your account on the following business day . The Mountain Education Foundation will notify you when this request is processed. Monthly donations will continue to be withdrawn until you ask us to cancel your Advocates for Education Membership. Please contact us if you would like to change your donation amount or bank information. Thank you for joining Advocates for Education and providing much needed support for our community's schools.