



Electronic Funds Transfer Form

Thank you for inquiring about our Electronic Funds Transfer charitable contribution program. By completing and returning this form you will be on your way to establishing an easier and less costly way of making a gift to the Sylvania Franciscan Foundation (SFF). This notification to draft your account, on or about the 10th of each month, will remain in effect until SFF has received notification from you of its termination. Your monthly bank statement will adequately describe this draft when it occurs.

You should anticipate the first draft approximately 30-45 days after we have received your authorization.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) hereby authorize the Sylvania Franciscan Foundation, to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

TRANSACTION TYPE: New Set-Up Cancellation Change of Information Effective Date: _____

AMOUNT: _____ FREQUENCY: Monthly Quarterly Other – Specify: _____

FINANCIAL INSTITUTION: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING/ABA NUMBER: _____ ACCOUNT NUMBER: _____

This authority for EFT will remain in full force and effect until the Sylvania Franciscan Foundation receives written notification from me (or either of us) of its termination in such time and in such matter as to afford the Sylvania Franciscan Foundation a reasonable opportunity to act on it.

NAME(S): _____ DATE: _____

Please Print

SIGNED: _____ SIGNED: _____

Please complete this form and return along with a voided check to:

Sylvania Franciscan Foundation
6832 Convent Blvd
Sylvania, OH 43560

ABC BUSINESS		1044
1234 Park Avenue		
Anytown, CA		
_____ 20 _____		
PAY TO THE ORDER OF _____	\$	XXX.XX
		DOLLARS
Anywhere Bank		
U.S.A.		
MEMO _____		Not Negotiable
133404567 1234561304		1044
Routing / ABA Number		Account Number