



ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

Date contributions are to begin: _____

\$_____ Weekly (transferred on Mondays)

\$_____ Monthly 1st OR 15th of the month

\$_____ Semi-Monthly (1st AND 15th of the month)

Name on account (please print)

Address

I hereby authorize this ongoing contribution from my:

Checking Account Savings Account Credit/Debit Card

Checking/Savings Account Routing Number: _____
(9-digit number located at bottom of check and starts with a 0, 1, 2 or 3)

Checking/Savings Account Number _____

Credit/Debit Card Number _____

Exp. Date _____ CVV _____

Authorized signature on account

Date