



## EFT Agreement Form

### Authorization Agreement

I hereby authorize Pulse Outreach to initiate automatic withdrawals from my account at the financial institution named below.

This agreement will remain in effect until Pulse Outreach receives a written notice of cancellation from me or my financial institution, or until I submit a new EFT form.

### Account Information

Name of financial Institution: \_\_\_\_\_

Checking |  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Donation: \$\_\_\_\_\_

One Time |  Recurring Monthly (First business day after the 10th of each month)

You may also attach a voided check or savings deposit slip in place of completing Routing Number and Account Number.

### Signature

Donor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_