



## ELECTRONIC TRANSFER AUTHORIZATION AGREEMENT

I (we) hereby authorize *First Choice Women's Resource Centers* to initiate debit entries to my (our)

Checking Account      Savings Account (select one)

indicated below at the depository financial institution named. I (we) acknowledge that the origination of electronic transfers to my (our) account must comply with the provisions of U.S. law.

Understanding that all payments are made on a monthly basis, I authorize the transfer to occur on the  
 3<sup>rd</sup> or  18<sup>th</sup> of each month (select one).

**Donation Amount:** \$ \_\_\_\_\_

### Bank Information:

Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**\*\*PLEASE ATTACH VOIDED CHECK**

### Personal Information:

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

This authorization is to remain in full force and effect until *First Choice* has received written notification from me (us) of its termination.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please mail or fax this form to:  
82 Speedwell Avenue • Morristown, NJ 07960 • 973-984-0488 (fax) • [www.1stChoice.org/friends](http://www.1stChoice.org/friends)