



EASY GIFT

For your convenience, EFT is a service provided by Amigos de Vamos Adelante.

INSTRUCTIONS:

Please PRINT the account information below for the account to be debited

And ATTACH a voided check to this form.

Name of Individual(s) on Account

LAST		FIRST		M.I.
ACCOUNT NO.			CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
FINANCIAL INSTITUTION				
ADDRESS		CITY	STATE	ZIP CODE

Donor Name:			
Address:			
Amount:			
Fund Designation:			
Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi - annually
Date Cycle:	<input type="checkbox"/> 1 st of the month	<input type="checkbox"/> 15 th of the month	
Number of Months:	<input type="checkbox"/>	<input type="checkbox"/> Indefinite	

Authorization: I hereby authorize Amigos de Vamos Adelante to initiate a debit to my account in the amount indicated to the financial institution above. This authority is to remain in full force and effect until I revoke it by giving 10 business days written notice to Amigos de Vamos Adelante.

Signature _____

Date _____