

## Authorization Agreement for Electronic Funds Transfer

I hereby authorize Beacon Foundation to initiate a monthly debt entry in the amount listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I notify Beacon Foundation in writing to terminate the deduction.

Your name \_\_\_\_\_

Street address \_\_\_\_\_

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

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Phone no. \_\_\_\_\_ Type of account:  checking  savings

Routing number\* \_\_\_\_\_ Account number\* \_\_\_\_\_

\*Routing number must start with a 0, 1, 2, or 3 and be nine digits long. It is located at the bottom of the check. If you are unsure of the correct routing and account numbers, please check with your financial institution.

Please begin automatically deducting \$ \_\_\_\_\_ from my account on the

1<sup>st</sup> or the  15<sup>th</sup> day of the month beginning (month/year): \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of primary contact

\_\_\_\_\_  
Dated

Please remember to:

- Include a voided check or savings deposit slip
- Keep a copy of this form for your records
- Mail the signed original to Beacon Foundation

Should you have any questions, concerns or wish to change your EFT contribution, please contact Beacon Foundation at (651) 245-2441 or [info@beaconfoundation.org](mailto:info@beaconfoundation.org). Beacon Foundation is a 501 (c) (3) organization; therefore all contributions are tax-deductable. Thank you for supporting Beacon Foundation!