

Donor #: _____

Date: _____

Monthly Electronic Funds Transfer Donor Form

PART 1- Donor Information

Donor: _____
First Name Middle Name Last Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

PART 2- EFT Information

Account Holder Name: _____ Monthly Withdrawal Amount: _____

When do you want payments to start? Month _____ Year _____ When do you want payments to end? Month _____ Year _____

Please take my payment from my: Checking Savings Credit Card Debit Card

(Fill in appropriate account information below)

Bank Information

Bank Name: _____ **Voided check required. Please submit with this from.**

Routing #: _____ Account #: _____

Credit/Debit Card Information Visa MC Amex Disc Account #: _____ Expiration: _____

PART 3- Initial Payment (Office Use Only)

Name of Campaign (if applicable) _____ Pledge Amount (if applicable) \$ _____

Total Initial Pledge Payment: (if applicable) \$ _____ First Payment By: Cash Credit Card Check # _____

EFT Begins: ____/____/____ EFT Ends: ____/____/____ Monthly Amount: \$ _____

YWCA York

Authorization

My agreed upon payment is to be deducted from my bank account or credit/debit card on the first day of each month. I authorize YWCA York to initiate the Electronic Funds Transfer as indicated n this form. This permission to charge my bank account or credit/debit card is the same as if I had personally signed a check to YWCA York.

The agreement shall remain in effect until:

1. The end date I indicated on the form. OR
2. I write a note or call YWCA York telling them to end this agreement and they have had a reasonable amount of time to act on it. OR
3. YWCA York or my bank sends me 10 days' written notice that this agreement will end.

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing with 15 days of the bank statement or within 45 days after the transfer was made.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with YWCA York.

I have read, understand and agree with the information on this form and have attached my voided blank check or savings deposit slip to this form.

If for any reason an EFT is returned due to non-sufficient funds, you are expected to pay for that said month as well as a \$25.00 NSF fee. This NSF fee and the month returned will be deducted along with the next month's payment automatically. Any uncollectable payments will be reported to the Credit Bureau. The YWCA reserves the right to amend or add to these guidelines and adopt new rules and conditions as it deems necessary.

By signing below, I agree to abide by the YWCA requirements described on this form. I further acknowledge that all answers are accurate to the best of my knowledge.

Signature/Donor

_____/_____/_____
Date

Thank you for your support of YWCA York programs and staff. Your investments each month make all of our programming possible. YWCA York is a 501 c (3) tax-exempt, non-profit organization.

Please mail completed form and required enclosures to:

YWCA York
320 East Market Street
York, PA 17403

For questions, please email: jroberts@ywcaYork.org or call 717/434-1756.