

Electronic Funds Transfer

Authorization Agreement

For Automatic Debits

Please mail completed form and attached voided check to:

Access Services, 500 Office Center Drive, Suite 100, Fort Washington, PA 19343

I hereby authorize Access Services to initiate debits to the Checking or Savings account indicated below, and authorize the financial institution named below to debit the same account. The debits should be in the amount of \$_____ monthly on the ____ or annually on _____ mm/dd/yyyy. Minimum amount: \$10.00.

Please use my gift: As needed Other _____ (*Please specify*)

Depository Name _____

City _____ State _____ Zip _____

Bank Transit/ABA No. _____

Account No. _____

Please attach a voided check from account

Name _____

Address _____ State _____ Zip _____

Date _____ Signed _____

To change or revoke this agreement, I must provide Access Services with a written indication of my wishes.