

We will draft your bank account for the amount specified on or around the 4th Wednesday of the month. Thank you!



Donor Code _____

SENIOR SERVICES, INC. 'ELECTRONIC FUNDS TRANSFER' DONATION FORM AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I (we) hereby authorize Senior Services, Inc., to initiate debit entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

Financial Institution Name/Branch: _____

Routing Number: _____ Account Number: _____

Please note: The Routing Number and Account Number may be obtained from your bank.

Account Type: Checking Savings

**** Please attach a voided check when returning this form.****

I (we) hereby authorize Senior Services, Inc., to make automatic withdrawals from the account listed above with the following frequency:

Total Amount to Be Debited: \$ _____ per month commencing on _____, 20__.

Please apply my monthly donations as follows:

- Annual Fund
- Meals-on-Wheels
- Williams Adult Day Center
- Other (please specify): _____

This authorization is to remain in full force and effect until Senior Services, Inc., has received written notification from me (or us) of its termination in such time and in such a manner as to afford Senior Services, Inc. a reasonable opportunity to act on it.

Signature: _____ Date: _____

Thank you for your continuing support of caring for our elderly.

2895 Shorefair Drive, Winston-Salem, NC 27105-4237 • 336-725-0907 • 336-724-2010 (fax) • www.seniorservicesinc.org

This gift is tax-deductible to the extent provided by law. Senior Services, Inc., is a 501(c)(3) organization.