

CONFIDENTIAL
Electronic Funds Transfer
AUTHORIZATION
For FVD Charitable Gifts

NAME(S) _____
(As it appears on your Financial Institution Account)

ID NUMBER (SSN) _____

I (We) _____, hereby authorize Friendship Village of Dublin to initiate credit entries and, if necessary, debit adjustments to my (our) financial institution account indicated below.

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

ROUTING NUMBER: _____ ACCOUNT# _____

Type of Account: ___Checking ___Savings ___Other (describe) _____

MONTHLY CONTRIBUTION AMOUNT: \$ _____
(Minimum of \$10.00) (whole dollars only)

CONTRIBUTION AMOUNT SPLIT: Residents' Benevolent Fund Amt _____
Mail Authorization to: Scholarship Fund Amt. _____
Director of Charitable Giving Memorial Fund Amt. _____
6000 Riverside Drive Health Services Fund Amt _____
Dublin, OH 43017 (Amounts must total to monthly contribution)

I (We) understand that my (our) account will be credited on the 20th of each month for the full contribution amount. I have until 9:00 A.M. on the 20th day of the month (closest workday) to discuss any related issues with the accounting department.

This authority is to remain in full force and effect until Friendship Village of Dublin has received written notification from me (or either of us) of its termination in such time and such manner as to afford a reasonable opportunity to act on it.

NAME(S) _____ Phone # _____
(Please Print)

DATE: _____ SIGNATURE _____
Internal Use: RES# _____ Prenote: _____