

YES, I want to enroll in the Easy Giving EFT Program!!

I authorize my bank to pay InterServe the amount indicated on the day below. This authorization will be the same as if I had personally signed a check and will remain in effect until I notify InterServe that I wish to discontinue the gift.

Donor Partner Number (if known): _____

Title: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

On the 3rd/18th (circle one) day of each month beginning _____, please debit my account for the following amount:

Partner/Project & Number	Amount
[Drop down list of codes]	\$ _____
[Drop down list of codes]	\$ _____
[Drop down list of codes]	\$ _____
[Drop down list of codes]	\$ _____

(Please attach a list if more space is needed.)

Total Amount: \$ _____

Signature: _____

Date: _____

Please include your blank voided check. (NO deposit slips, please.) # 289

Mail to: InterServe
Attn: EG Program
PO Box 418
Upper Darby, PA 19082-0418

