



Box 85, Liverpool, PA 17045
www.keysconnections.org

AUTHORIZATION AGREEMENT FOR EFT (Electronic Funds Transfer) DONATIONS

Organization Name: Keys Connections

Organization EIN # 23-1687846

I (we) hereby authorize Keys Connections to initiate payments from my (our)

Checking Account / Savings Account (select one) indicated below. I (we) acknowledge that the origination of EFT transactions from my account must comply with the provisions of U.S. law.

Bank/Financial Institution (of checking/savings account to be utilized): _____

Routing #: _____ Account #: _____

Personal Mailing Address (street): _____

City: _____ State: _____ Zip: _____

Phone (optional): _____ Email: _____ (check if desire email receipt)

Amount to be transferred to Keys Connections: \$ _____

My desire is for the donation to be designated toward: _____

Options: Area of Greatest Need; Central Asia Program (student fund); Beech; Casteline; Gabor

Transfer should be made monthly on the 5th of every month or 20th of every month.

By signing this form, I hereby authorize Keys Connections, as named above, to initiate EFT donations from the account named above. This authorization is to remain in full force and effect until Keys Connections has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Keys Connections and my Bank/Financial Institution a reasonable opportunity to act on it.

Name: _____
(Please print)

Signature: _____ Date _____

Revocation

By signing below I wish to revoke the above authorization.

Name: _____
(Please print)

Signature: _____ Date _____