

Electronic Funds Transfer (EFT) Authorization Form

I/We authorize HopeTree Family Services to transfer the monthly donation amount of \$ _____ from my/our checking account to be used in the following program:

(Where Needed Most, Capital Campaign, Children's Residential Care, Children's WOODS, Developmental Disabilities Ministry, Foster Care & Adoption)

This authorization is to remain in effect until HopeTree Family Services has received written notice from me (or either of us) that this agreement is to be terminated.

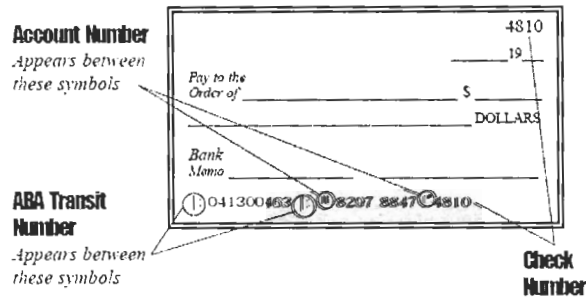
All Names on Account:

Name(s) *please print*

Signature(s)

Address:

Phone Number(s)



ABA Transit Number
(Routing Number)

Account Number

Bank Name

Bank Phone Number

Please mail completed form with voided blank check to:

**Development Department
HopeTree Family Services
PO Box 849
Salem, VA 24153-0849**

Phone: (540) 389-2112