

Sustainers Circle AUTOMATIC TRANSFER AUTHORIZATION

Te invite you to join our convenient, transfer program which allows you to authorize your bank or credit card institution to transfer your monthly contribution on a predetermined date each month to Meals on Wheels People. Each transaction is recorded as a deduction on your bank or credit card statement. Your ongoing support will help to ensure that no senior will go hungry or experience social isolation.

Instructions:

Simply complete and sign this agreement, and return it to Meals on Wheels People with a voided check.

Authorization Agreement for Meals on Wheels People Automatic Transfer of Funds

I authorize and request Meals on Wheels People to initiate electronic entries or use any other commercially accepted practice to charge my bank account (indicated below). I authorize and request the institution to honor the entries initiated by Meals on Wheels People. This authorization will remain in effect until I request cancellation, which will require my notifying Meals on Wheels People in writing.

Financial Institution Name: F	Routing No. or Type of Credit Card			
Bank Account No. or Credit Card No. with Expiration	n Date			
1: 98 76 54 3 2 11: ROUTING NUMBER	0 1 2 3 4 5 6 7 8 9 III	12345		
Your name:	_Home phone _		E	E-Mail:
Your address:	City	Sta	te	Zip
Transfers to occur on the day of the month indicated (If a payment is due on a weekend or holiday, Mea Amount to be transferred to Meals on Wheels People	lls on Wheels Pe	ople will initia	te a tra	ansfer on the next business day.
Name(s) as they appear on the bank account:				
3-digit credit card authorization code	(I	using a credi	t card-	—located on the back of your card)
Your signature		Today	's date	<u> </u>
Anyone else whose signature is required to withdraw	funds from this a	ccount must s	ign he	re: