

Electronic Giving Form

To enroll in the electronic giving program, print out and complete this form, sign it and mail it as directed at the bottom or for more information, call our Business Office toll-free at 888-443-4283.

AUTHORIZATION AGREEMENT FOR DIRECT DONATIONS (ACH DEBITS)

Name(s)			
I (we) hereby authorize the Gateway Woods – Apo account as indicated at the financial institution i		en's Home, Inc. to initiate debit entries to my (our) b	oank
Financial Institution Name			
Branch	Branch Phone Number		
City	State	Zip	
Routing Number: (9 digits long, and is located at of check between these symbols : :)			
Account Number	This is a (check	one): checking account saving	s account
I (we) give permission for Gateway Woods – Apos listed above with the following frequency and an		's Home, Inc. to make automatic withdrawals from t	the account
Please Fill in ONLY ONE ROW below that applies:			
Twice per Month \$ on the 1st A	AND \$ th	ne 15th (please put semi-monthly dollar amount in both	blanks)
Monthly \$ on the 1st	OR \$ th	ne 15th (please put monthly dollar amount in one blank o	only)
Quarterly Amt \$ on the	day of	month (1st, 2nd, or 3rd month of each quarter)	
One-Time Amt \$ on the	day of	month (choose one month only)	
Contribution Designation (check one):			
Operating Fund OR	List Appropriate Design	ation	
	•	red written or verbal notification from me (or either loods and my financial institution a reasonable opp	
Name(s)		Date	
Signature(s)			

Your automatic donation will begin as soon as we receive this form from you in accordance with your instructions above. You will receive a tax-deductible receipt for all donations. Thank you for supporting Gateway Woods!

Return to Gateway Woods with a <u>voided check</u> or <u>deposit ticket</u>.

Attn: Accounting Gateway Woods P.O. Box 151 Leo, IN 46765

