

Automatic Withdrawal/EFT Application

Steps to complete this application:

1. Fill in the form completely with your personal and financial information.
2. Designate your gifts and indicate the amount you want deducted each month.
3. Read the authorization agreement on the bottom of this form and then sign and date.
4. Return the form with either:
 - a. A **voided blank check** from your personal checking account OR
 - b. A **deposit slip** from your savings account.



To contact Armlynk,
please email
accounting@armlynk.org

Personal Information

Name _____

Mailing Address: _____

City _____ State _____ ZIP _____

Home Phone _____

Other Phone _____

Email _____

Financial Information

Bank Name _____

Bank Phone _____

Routing Number: _____
The Routing Number is a 9-digit number located on your check or savings deposit slip. It is unique to your financial institution.

Bank statement account number: _____

Make the monthly deduction from my:

- ☐ checking account (enclose a voided blank check)
☐ savings account (enclose a savings deposit slip)

Make the date of my withdrawal:

- ☐ the 10th day of each month
☐ the 20th day of each month

Starting (month/year): _____

Designation of Gifts

Please use my contribution(s) for the following **Armlynk** projects.

- A. _____ Gift amount: \$ _____
- B. _____ Gift amount: \$ _____
- C. _____ Gift amount: \$ _____
- D. _____ Gift amount: \$ _____

Your total monthly deduction will be: \$ _____

Attach a separate page if more space is required.

When completed, please make a copy of this form for your records.

Authorization

I authorize **Armlynk** International to initiate transfers from the account designated on this form and to make monthly transactions from my account. This agreement will remain in effect until:

- I write a note or call **Armlynk** International telling them to end this agreement and they have 15 business days prior to the next scheduled transaction to act upon it
- or until **Armlynk** International or my bank sends me 10 days' written notice that this agreement will end.

I have read, understand, and agree with the information above and have included my voided blank check or savings deposit slip with this form.

Name (printed) _____

Signature _____

Date _____

NOTE: The name and signature above must match the name on the account. Application forms without a valid signature cannot be processed.