



Canyon Education Foundation

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments. As a duly authorized signer on the financial institution account identified below, I authorize you to perform:

- Recurring Monthly: Date of first transaction*: _____ Amount: \$ _____
- Single Withdrawal: Date of transaction*: _____ Amount: \$ _____
- Single Withdrawal: Date of transaction*: _____ Amount: \$ _____
- Single Withdrawal: Date of transaction*: _____ Amount: \$ _____
- Single Withdrawal: Date of transaction*: _____ Amount: \$ _____

*Transaction will post on or after the date indicated.

Electronic funds transfer debits from the account for payments due or when applicable, apply electronic funds transfer credits to the same.

I understand and authorize all of the above**.

AUTHORIZING SIGNATURE: _____ DATE: _____

Print Name: _____

**This authorization is to remain in full force and effect until C.E.F. has received written notification of its termination in such time and in such manner as to afford C.E.F. a reasonable opportunity to act on it or the until the term of the authorization expires. Any such notice should be sent to the following address; C.E.F, P.O. Box 20, Canyon, CA 94516, or Canyon.Education.Foundation@gmail.com

Financial Institution account "identifying information":

Enter financial institution account information in the fields provided below or **attach a blank VOID check.**

Direct Debit

Name on Account:		
Financial institution:	Branch:	
City:	State:	Zip Code:
Transit/ABA #:	Account #:	

Credit Card

Name on card:	Card #:
Expiration Date:	Card Type:

After Completion return form to:

C.E.F P.O. Box 20, Canyon, CA. 94516

Or scan and email to Canyon.Education.Foundation@gmail.com