



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

Thank you for inquiring about our Electronic Funds Transfer (EFT) charitable contribution program. By completing and returning this form, you will be on your way to establishing an easier and less costly way of making a gift to the Bayhealth Foundation to benefit Bayhealth Medical Center. This authorization to draft your account on or about the 15<sup>th</sup> of each month will remain in effect until we have received written notification from you of its termination. When you want to terminate your contribution for the current month, please provide us your written notification by the 5<sup>th</sup> of the month. Your monthly bank statement should adequately describe this draft when it occurs. You should anticipate the first draft occurring within two months after we have received your completed authorization agreement. Please attach a voided check. Deposit slips are not accepted.

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS**

<b>I (we) hereby authorize Bayhealth Foundation to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.</b>	
Financial Institution:	Branch:
City, State, Zip Code:	
Transit/ABA #	Account #:
Amount to debit per month (will occur on or about the 15 <sup>th</sup> of each month): \$	
I would like my gift to benefit (Campus, Unit, Program, Other):	

This authority is to remain in full force and effect until the Bayhealth Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Signed Date

**DONOR INFORMATION**

<b>Personal Information</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> PhD Name:	SSN:
Spouse (if gift is to be a joint gift) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> PhD Name:	
Address:	
City, State, Zip Code:	
Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business
Alternate Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business

<b>Business Information</b>	
Business Name:	Title:
Address #1:	
Address #2:	
City, State, Zip Code:	Country:
Business Phone:	

I prefer mail to be sent to my  home  business