



**MONTHLY CONTRIBUTION AUTHORIZATION
ELECTRONIC FUNDS TRANSFER (“EFT”)**

I hereby authorize Calvary Homes to automatically withdraw funds from the financial institution indicated for payment of monthly contributions. This authorization is to remain in full force and effect until Calvary Homes has received written notification from me of its termination in such time and such manner as to afford Calvary and the financial institution a reasonable opportunity to act on the termination.

Terms of Agreement:

1. I will receive an acknowledgment receipt by postal mail recognizing all EFT gifts made during the calendar year within 30 days of the end of each calendar year.
2. Funds will be withdrawn from my account on the 7th of the month, or the next business day whether or not I have seen or approved the charges.
3. The amount withdrawn will be the amount stated below. The amount withdrawn will never be greater than this stated amount, absent the submission and receipt of a revised Monthly Contribution Authorization. I agree to hold Calvary Homes harmless from any claim of damage caused by the electronic withdrawal.
4. Failure to process an electronic withdrawal due to an NSF (non-sufficient funds) electronic withdrawal may be subject to a processing fee of \$10.00 and/or termination of electronic withdrawal privileges.
5. I hereby authorize the monthly electronic withdrawal of \$_____ .00 from the account designated below.
6. The monthly withdrawal should start on or after: (mm/dd/yy) _____

Resident Name (please print)

Bank Account Holder Name (please print)

Routing Number

Checking Account Number

Name of Financial Institution

IMPORTANT: Please attach a **VOIDED CHECK** to this form, and return it to the Development Office. A deposit slip will not be accepted. **I have read and agree to the terms and conditions outlined above.**

Signature

Date