



Electronic Funds Transfer Form (EFT) Authorization Form

By completing this form, you authorize The Community Foundation of the New River Valley (CFNRV) to instruct your financial institution to make donations from the account of your choice. Complete this authorization form, **PLEASE ATTACH A VOIDED CHECK FOR YOUR ACCOUNT,** and return to P.O. Box 6009, Christiansburg, VA 24068-6009.

Within the next two months, you will begin to see the deducted amount on your bank statement (deducted the first week of each month). The deductions will continue until you choose to cancel or change your donation amount of your monthly gift **in writing.**

Each January you will receive a statement from the CFNRV showing the amount you have donated through our EFT program during the calendar year (January through December). **Please save that receipt for tax documentation.**

Name Phone Number

Address E-mail

City State Zip Code

Total Amount Deducted Monthly (\$10 minimum) _____ **Start Date:** (MM/YYYY) _____

Please direct my monthly donation to:

_____ **Unrestricted Funds** – *Enabling the CFNRV to meet immediate community needs quickly and effectively*

_____ **A Specific Endowed Fund** - *Matching your particular charitable interests. A complete list of funds is featured in our Annual Report and on our website at www.cfnrv.org.*

FUND NAME: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS) (will be kept on file at CFNRV)

I (we) hereby authorize The Community Foundation of the New River Valley, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) [check one]:

() **Checking Account** () **Savings Account**

indicated below at the depository name below, hereinafter called BANK NAME, to credit and/or debit the same to such account.

BANK NAME _____

CITY _____ **STATE** _____ **ZIP** _____

Last 4 Digits of Social Security # _____

Individual Name (Please Print) **Authorized Signature / Date**

Joint Acct Holder's Name (Please Print) **Joint Acct Holder's Signature / Date**

-----PLEASE ATTACH VOIDED CHECK -----