



The Legal Aid Society
— of ROCHESTER, NEW YORK —

Authorization Agreement for Electronic Funds Transfer

Keep for Your Records

With Electronic Funds Transfer (EFT), your monthly or quarterly contribution will automatically transfer from your checking or savings account to The Legal Aid Society of Rochester.

Some employers offer a company match for donations made by its employees. Check with your employer to see if they offer a matching gift program and how to go about taking advantage. If your employer doesn't offer a matching gift program, encourage them to establish one.

Please, complete the information below, and return EFT Authorization Form with a photocopy of your check or an account deposit slip. Make sure the characters at the bottom of the check copy are clear.

Amount authorized

\$ _____ per month (\$10 minimum/month), on the _____ day (2nd, 10th, etc.) of each month

OR

\$ _____ per quarter (\$25 minimum/quarter), on the _____ day of March, June, September & December

A debit line item of ***** will appear on your bank statements. Your donation will deduct on the closest business day following the chosen date, in the event that the date selected falls on a weekend or holiday.

Changes or cancellations

If you change banks or if you want to change the deduction amount, please call us for a new authorization form. To cancel authorization altogether, please call your bank or The Legal Aid Society of Rochester at least thirty (30) days in advance of a scheduled withdrawal.

Questions?

Please call 585.295.5790 or email kbertrand@lasroc.org with any questions.

Thank you for your sustaining support The Legal Aid Society's programs and services.

The Legal Aid Society of Rochester, NY is a 501c3 Non-profit organization. Donations are tax-deductible to the extent permitted by law.



The Legal Aid Society
— of ROCHESTER, NEW YORK —

Authorization Agreement for Electronic Funds Transfer

EFT Authorization Form

Name

Address City/State/Zip

Email Address

Name of Bank or Credit Union

Routing Number

Checking or Savings Account Number (Please, enclose a photocopy of your check or deposit slip.)

I authorize The Legal Aid Society of Rochester to deduct from my checking/savings account as follows:

\$ _____ per month (\$10 minimum/month), on the _____ day (2nd, 10th, etc.) of each month

OR

\$ _____ per quarter (\$25 minimum/quarter), on the _____ day of March, June, September &

December

Please, deduct this amount until further notice.

Signature

Date