

Marycrest Assisted Living
ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Thank you for supporting Marycrest Assisted Living through Electronic Funds Transfer (EFT.) Your gift continues a long tradition of caring for the poor and those in greatest need. When you give through EFT, gift processing costs are kept as low as possible, enabling us to direct more of your generous support to resident care and ministry. Gifts are processed on the 5th of each month and will appear on your bank statement. When the 5th of the month falls on a weekend or holiday, transfers will be processed on the next regular business day. You may change or cancel your gifts at any time by notifying us of the change in writing. Thank you for your continued support.

Donor Information

Name on Account: _____

Street Address: _____

City, State Zip: _____

Home phone: _____ Email address: _____

Is this gift also from your spouse? _____ Yes _____ No Name: _____

Gift Information

Monthly gift amount (minimum \$10 monthly, please) \$ _____

Please begin monthly EFT on (month/year): _____ and end on (month/year): _____

Please attach a voided check here.

Note: We are required to collect a voided check; a deposit slip will not meet this requirement.

Statement of Authorization

I authorize Marycrest Assisted Living to initiate the recurring EFT withdrawal as indicated above. I understand that a record of each donation will be included on my monthly bank statement and that Marycrest Assisted will send a receipt showing the total of all recurring gifts for the calendar year following the end of each calendar year. I may change or cancel this recurring payment by notifying Marycrest Assisted Living Fund Development Office in writing. All notifications must be received 30 days prior to the date a transaction authorization is to be changed or terminated

I authorize my financial institution to transfer the amount indicated on this form and from the account represented by the attached voided check. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA.) This authorization is to remain in full force and effect until written notification is given to Marycrest Assisted Living of its termination.

Signature: _____ Date: _____

Please sign the form, and remember to attach a voided check.

Mail completed forms to:

Marycrest Assisted Living Fund Development Office, 2850 Columbine Road, Denver, Colorado 80211

For questions, please contact the Fund Development Office at (303) 433-0282.