

Respite Volunteers of Shiawassee Fall Newsletter Electronic Funds Transfer Authorization Form

- YES**, I want to enroll in the Electronic Funds Transfer (EFT) program and have my contribution automatically deducted from my checking or savings account each and every month.

Authorization Agreement for Pre-Authorized Monthly Payments

Name: _____ Phone: _____

Address: _____ City, State and Zip: _____

Date to Start Deductions: _____ (Respite Volunteers of Shiawassee will debit on the 15th of each month)

Please debit my membership payment from: Checking Account Savings Account (check only one)

NAME ADDRESS CITY, STATE, ZIP PAY TO THE ORDER OF BANK NAME ADDRESS CITY, STATE, ZIP FOR:	0123 01-2345/6789 DATE \$ _____ DOLLARS 0123 012345678901234 Bank Routing Number Bank Account Number Check Number
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Financial Institution: _____

Routing Number: _____

Account Number: _____

Monthly Deduction: \$ _____

Authorization Agreement:

I authorize Respite Volunteers of Shiawassee to charge my checking or savings account monthly in the amount of \$ _____. This authority is to remain in full force and effect for at least twelve (12) months which constitutes a one year membership. I understand that I must notify Respite Volunteers of Shiawassee if I wish to discontinue the automated payment service.

Signed: _____ Dated: _____



Respite Volunteers of Shiawassee Fall Newsletter Membership Renewal Form

Knowing that the greatest satisfaction comes from a caring heart, I offer my annual membership so that Respite Volunteers of Shiawassee can continue to provide trained volunteers for adults with health impairments, caregivers, their loved ones, and elderly persons living alone.

Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

- Please check one:**
- | | | |
|--|--|--|
| <input type="checkbox"/> Black Diamond \$5,000 + | <input type="checkbox"/> Diamond \$1,000 — \$4,999 | <input type="checkbox"/> Emerald \$999 — \$500 |
| <input type="checkbox"/> Ruby \$499 — \$250 | <input type="checkbox"/> Sapphire \$249 — \$100 | <input type="checkbox"/> Pearl \$99 — \$40 |
| | | <input type="checkbox"/> Topaz \$39 — \$25 |

Attached is my check payable to the Respite Volunteers of Shiawassee in the amount of \$ _____

This gift is given in Memory of: _____ given in Honor of: _____

Thank You!

All contributions are tax deductible as provided by law.

Respite Volunteers of Shiawassee
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