

**PTO Annual Campaign Electronic Funds Transfer (EFT) Agreement**

**Individual Responsible for Payment**

Full Name (on bank account records): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

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**Amount of Monthly Contribution**

\$ \_\_\_\_\_

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**Direct Deposit Account Information**

*A voided personal check must be attached in addition to completing this section.*

Type of Account (Check One):     Checking     Savings

Routing Transit Number: \_\_\_\_\_  
(Your financial institution's 9-digit routing transit number)

Account Number: \_\_\_\_\_  
(Your account number at your financial institution)

Financial Institution Name: \_\_\_\_\_  
(The name of the institution to which payments are to be directed)

Account Title: \_\_\_\_\_  
(The depositor's name on the account to which payments are to be directed)

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**Authorization**

I authorize American Academy Foundation to initiate a recurring EFT withdraw in the amount of \$ \_\_\_\_\_ per month for \_\_\_\_\_ consecutive months on the first day of the month, beginning \_\_\_\_\_. I may change or cancel this recurring payment by notifying American Academy Foundation in writing no less than 10 days prior to the next scheduled EFT withdraw. I authorize my financial institution to transfer the amount indicated; adjusting entries to correct errors are also authorized. The authorization is to remain in full force and effect until written notification is given to American Academy Foundation of its termination or the end of the agreement on \_\_\_\_\_.

In the event that the EFT fails, I understand that the American Academy Foundation will contact me for updated information in order to complete the transaction.

Signature of Authorizing Party \_\_\_\_\_ Date \_\_\_\_\_