



WYCE
88.1 FM

Authorization Agreement for Electronic Funds Transfer

WYCE, 711 Bridge St NW, Grand Rapids, MI 49504
Office: 616-459-4788 x 133
Fax: 616-459-3970 www.wyce.org

Your Name: _____
Street Address: _____
City, State, Zip: _____
Daytime telephone: _____
E-mail: _____

WYCE ELECTRONIC FUNDS TRANSFER DEBIT

- I'm joining the WYCE Sustaining Circle with my monthly contribution of \$ _____.
- I'm increasing my WYCE Sustaining Circle monthly contribution to \$ _____.
- I'm reducing my WYCE Sustaining Circle monthly contribution to \$ _____.
- I'm changing my banking information for my WYCE Sustaining Circle monthly contribution.
- I'm changing my personal information for my WYCE Sustaining Circle monthly contribution.
- I'm stopping my monthly contribution for the WYCE Sustaining Circle effective _____.

Date _____ Signature: _____

Please return this signed completed form, along with a voided check from your checking account or savings account -- the account that you wish WYCE to debit monthly. Please be aware that your Sustaining Circle contribution will not start until we received this form and will not stop until you tell us in writing. Also, monthly deduction will occur on or about the 15th of the month.

This authorization to charge Contributor's account at their Bank shall be the same as if the Contributor had personally signed a check to WYCE. The Authorization is to remain in full force and effect until Bank or WYCE has received written notification from the Contributor of its termination and the Bank or WYCE has had a reasonable opportunity to act on it; or until Bank or WYCE has sent the Contributor ten (10) days written notice of Bank's termination of this agreement.

A record of charge will be included in Contributor's bank statement and serve as receipt. The Contributor has the right to authorize Bank to reverse any charge. This must be done within fifteen (15) days of the date of the bank statement, or within forty-five (45) days after the charge was made.

Your submission of this completed form along with **EITHER a VOIDED CHECK** from your **CHECKING ACCOUNT** OR from your **SAVINGS ACCOUNT**, authorizes WYCE to begin monthly Electronic Funds Transfer deductions from that account.

IF YOU ARE MAKING ANY CHANGES TO YOUR BANKING ACCOUNT OR INCREASING THE AMOUNT OF YOUR MONTHLY DONATION WHICH, IS PART OF THIS EFT AGREEMENT, PLEASE PROVIDE TO WYCE A NEW VOIDED CHECK FROM YOUR CHECKING ACCOUNT, OR SAVINGS ACCOUNT, WITH YOUR NEW FORM. ALSO IF YOU CHANGE ANY PERSONAL INFORMATION A NEW COMPLETE FORM IS NEEDED (I.E. NAME CHANGE)