



Electronic Funds Transfer Authorization Form

Donor Information

Name _____

Address _____

City, State, Zip _____

Daytime phone number where we can reach you if we have any questions:

(_____) _____ Email: _____

This is my work number. This is my home number.

Bank Information

Bank name _____

Bank address _____ Phone Number (____) _____

The withdrawals will be made from my: Checking account Savings account

Account Number: _____ Bank Routing Number: _____

Date of my first withdrawal: ___/20/____. (Remember, in order to begin the EFT on the date you indicate here, Integra Venture needs to have received this form at least a month in advance, by the 20th of the previous month.)

Donor Designations and Authorizations

Please designate my gift monthly as follows:

List Integra Ventures and/or

a specific Staff Member/Project:

Amount Per Month:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Deduction: \$ _____

I/we hereby authorize Integra Ventures USA to transfer this amount shown from the indicated account on the 20th of each month (if the date falls on a weekend or holiday, on the next business day).

Donor signature (both signatures required on joint account)

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Return by mail or fax to:

Integra Ventures 209 E. Liberty Drive Wheaton, IL 60187
Voice - 1-800-472-1828 Fax - 1-630-580-5757