



## Electronic Funds Transfer (ETF) Form

### AUTHORIZATION TO DRAFT ACCOUNT

**YES**, I want to support Harvard Street Neighborhood Health Center through Electronic Funds Transfer. Enclosed with this form is a voided check or deposit slip from my/our account.

I hereby authorize Harvard Street Neighborhood Health Center to issue drafts against my/our bank account in the amount of \$ \_\_\_\_\_ per month. (Minimum draft is \$5.00 per month. You should anticipate the first draft approximately 30 days after we have received your authorization.)

Harvard Street Neighborhood Health Center is further authorized to begin processing drafts against my/our account on the 20th day of \_\_\_\_\_ and to continue to process drafts in the above amount until (check one)  the 20th day of \_\_\_\_\_ or  until notified.

Name (please print or type) \_\_\_\_\_

Account type \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Financial institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please designate my gift as follows \_\_\_\_\_

I am employed by \_\_\_\_\_ which will match my gift.

*This authority is to remain in full force and effect as outlined above until Harvard Street Neighborhood Health Center and Financial Institution have received written notification from me (or either of us) of its termination and have both had reasonable opportunity to act on it.*

**Please attach a VOIDED CHECK or DEPOSIT SLIP to this form and send to:**

Office of Gift Records  
ATTN: Electronic Funds Transfer Administrator  
Harvard Street Neighborhood Health Center  
632 Blue Hill Avenue, Dorchester, MA 02121