



Neighbor**Impact**

Electronic Funds Transfer Form

To make a donation through the Electronic Funds Transfer, please print this form, **attach a voided check**, complete and mail this form to:

NeighborImpact
2303 SW First Street,
Redmond, Oregon 97756

Please complete the information below. NeighborImpact does not share donor information with anyone.

Name (First and Last): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Phone:** _____

Method of Donation

To begin the monthly donation, please complete the section below. **Attach a voided check** and return the form to NeighborImpact. Your donation may be stopped or altered at any time by contacting NeighborImpact's Business & Fiscal Manager at: (541) 548-2380 x 107.

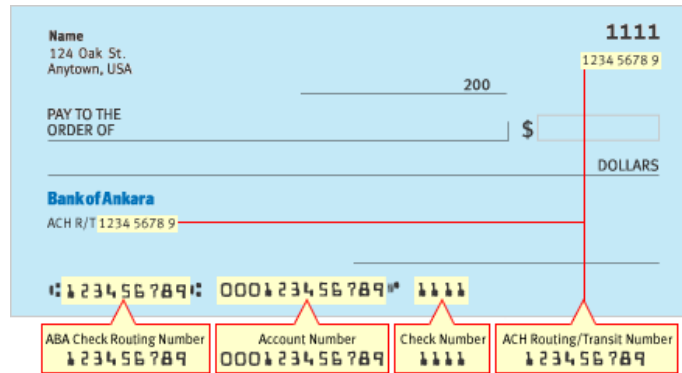
I, _____, authorize **NeighborImpact**, a 501c3 Organization, to execute an Electronic Funds Transfer from my account.

Account Information:

Type of Account: Savings Checking Other

Name of Bank: _____

Routing # _____ **Account #** _____



Amount: \$ _____ per month (minimum of \$10 per month).

This authorization allows NeighborImpact to transfer funds from my account on the following schedule:

Once per month. Transaction will occur on approximately the 1st of each month.

Other frequency: Please check off the months in which you would like a deduction.

- January February March April May June
- July August September October November December

If you have any questions, please contact the NeighborImpact's Deputy Direct (541) 548-2380, #106.