



Simplify Your Life!

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

- New Authorization
 Change of Prior Authorization

I give permission to transfer the following amount from my account to Tilikum each month:

Total monthly deduction will be \$_____ (Cannot be less than \$5)

At the end of each fiscal year, Tilikum's goal is to apply all gifts toward the current capital campaign, but we initially assign the gift as undesignated to provide for project flexibility. Please let us know if you are interested in designating your gifts in a different manner.

Make a monthly deduction from my account on date of (check one): 5th ____ 20th ____

To start in the month of _____

Bank name _____

Bank phone number _____

Routing number _____

Account number _____

This authorization to withdraw funds from my checking or savings account is the same as if I had personally signed a check to Tilikum. This agreement will remain in effect until I write or call Tilikum telling them to end this agreement, and they have had a reasonable amount of time to act on my instructions. I have read, understand, and agree with the information on this form.

Signature _____ Date _____

Print name _____

Please mail this form to:
Tilikum, 15321 NE North Valley Road, Newberg, OR 97132