

SPRINGBOARD

— DELAWARE —

ALL HOUSED | VIBRANT LIVES

ACH/BANK TRANSFER AUTHORIZATION FORM

Donor Name: _____

Address: _____

Phone: _____ Email: _____

Gift Amount: \$25 \$50 \$100 \$250 Other _____

Gift Type: One-time Monthly (*please enclose authorization or contact us*)

Tribute Gift (optional)

In Honor Of _____ In Memory Of _____

BANK INFORMATION

Name of Bank _____ Account Holder Name: _____

Account Type: Savings Checking Routing Number: _____

Account Number: _____

AUTHORIZATION

I authorize Springboard Delaware to initiate electronic debit entries from my bank account listed above in the amount and frequency indicated. I understand that this authorization will remain in effect until I notify Springboard Delaware in writing to cancel or modify this authorization.

I understand that I may revoke this authorization at any time by contacting Springboard Delaware at least 10 business days prior to the next scheduled transfer.

***Springboard Delaware is a 501(c)(3) nonprofit organization.
Contributions are tax-deductible to the fullest extent allowed by law.***

EIN: 85-3335151

SIGNATURE

Printed Name: _____

Signature _____

Date: _____

Thank you for your generosity, please
reach out with any questions.