

AUTHORIZATION AGREEMENT

for **Pre-authorized Payments**

to

Bethesda Home, Goessel, Kansas

I hereby authorize Bethesda Home to initiate debit entries via Electronic Fund Transfer from my **Checking** **Savings** account (*select one*) in the financial institution named below.

Please debit \$ _____ to such account.

I request that the date for such payments be on the **1st** or **15th** of **each month**
OR **1st** or **15th** of **each quarter** (*March, June, September, December*).

Contribution for:

Undesignated Gift **Benevolent Care Fund (Medicaid shortfall)**
 Resident Care Needs **Endowment Fund** **Other** _____

Financial Institution Name _____

Branch (*if applicable*) _____

City _____ **State** _____ **ZIP** _____

Transit/ABA No. _____ **Account No.** _____

This authority is to remain in full force and effect until Bethesda Home has received written notification from me of any changes or request to terminate this authorization in such time and in such manner as to afford Bethesda Home and the financial institution a reasonable opportunity to act on the request. Such written message may be mailed to the address below, or sent via e-mail to eschrag@bethesdahome.org or sent via FAX to Bethesda Home at 620-367-2294. Unwritten requests will not be accepted. Bethesda reserves the right to terminate this agreement if deemed necessary.

Name _____

Signature _____ **Date** _____

Please **attach a voided, blank deposit slip or check blank** to the bottom of this form to confirm accuracy of account numbers.

Print and sign your name and fill in the date this agreement was authorized.

Mail to: Eric Schrag
 Bethesda Home
 Box 37
 Goessel, KS 67053

- I wish to receive a receipt for each withdrawal**
- I wish to only receive the year-end summary receipt listing all withdrawals**

For tax deduction purposes, a receipt of the total contributions received in a year will be sent to you after the close of the calendar year (*or your designated fiscal year*).