

KALW Office use:

Account # _____ Last: _____ First: _____
 Last: _____ First: _____

Date: _____ Plg#: _____ SOURCE:
 Date: _____ Pmt#1, #: _____ ResMthd: _____



Thank you for your interest in initiating an ongoing donation by EFT to KALW. (web)

EFT (Electronic Funds Transfer) Authorization

I authorize KALW to withdraw \$ _____ per month (\$5 minimum) from the account specified below.

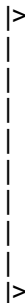
- I wish this to be an ongoing arrangement (“sustaining donation”), until I ask you to stop.
- Please stop this arrangement after my pledge of \$ _____ (minimum \$100) has been reached.

I understand that a record of each payment will be included in my regular bank statement, which will serve as my receipt. By my signature below, I verify that I am an owner of the account to be drafted monthly.

Name on account: _____ Signature: _____

Email address: _____ (in case we need to communicate with you re EFT)

SAVINGS CHECKING ROUTING#: _____ ACCOUNT#: _____



(Attach a cancelled check here – or a copy. A Deposit Slip will not provide the required information.)

Please return this form to:

KALW
 Attn: Membership
 500 Mansell Street
 San Francisco, CA 94134

KALW is part of the
 San Francisco
 Unified School District.
 Federal Tax ID: 94-6000416.