



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION
FOR
BANK ACCOUNT and CREDIT CARD**

I (we) hereby authorize THE JEWISH FEDERATION OF GREATER DES MOINES/ GAN SHALOM to initiate credit card charges to the below-referenced credit card account **(section A)** or, initiate debit entries to my (our) checking or savings account, indicated below **(section B)**. To properly affect the cancellation of this agreement, I (we) are requiring to give 10 days written notice. Credit Union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with The Jewish Federation of Greater Des Moines office for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (CREDIT CARD- 2.5% Fee, AMEX -3.5%)

Cardholder Name _____ Phone # _____

Cardholder Address _____

City _____ Iowa Zip Code _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (BANK ACCOUNT – No Fee)

Name _____ Phone# _____

Address _____

City _____ Iowa Zip Code _____

Bank or Credit Union Name _____

Address _____

City _____ Iowa Zip Code _____

Routing Transit Number _____

Account Number _____

☐ Checking ☐ Savings

Authorized Signature _____ Date _____

