

# The Centers for Youth & Families, Inc.

## AUTOMATIC DEDUCTION AUTHORIZATION

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Gift Information:

Pledge Amount \$ \_\_\_\_\_ Monthly Deduction Amount \$ \_\_\_\_\_

### Deduction Day:

1<sup>st</sup> of every month       15th of every month

Designation \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Location \_\_\_\_\_  
(City) (State)

### Type of Depositor Account:

Checking (Attach a voided check)       Savings (Attach a voided deposit slip)

Bank Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

## AUTHORIZATION FOR AUTOMATIC DEDUCTION

I authorize Centers for Youth & Families to withdrawal funds from my account

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: ↓ Please staple a VOIDED check/deposit slip to the bottom of this form ↓**

Your Name
Address
Pay to the order of _____ Amount: _____
6789123456789-123456789