



Automated Contribution Options

First Name:	Last Name:
Address Line 1:	Address Line 2: (if needed)
City:	State:
Zipcode:	
Home Phone:	Cell Phone:
Email Address:	

Attach Voided Check Here

Please indicate your contribution preference (check a box and list the amount of each gift.

- I wish to make **monthly** gifts to CEFF in the amount of \$_____ and I authorize CEFF to make automatic withdrawals from my account. These withdrawals will occur on the 5th day of each month unless it falls on a Saturday, Sunday, or holiday, in which case the withdrawal will occur on the following business day.

The Following information **must be completed** for automated contribution plan participants.

Name of Primary Bank	Name of Account
Bank Branch / Location	Bank Phone Number (Optional)
Bank Routing Number ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	Bank Account Number
Please take my contribution directly from the account specified: <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (attach a voided check)	

NOTE: If you bank at a Credit Union, you must verify with your institution the correct bank routing and account numbers for use with pre-authorized drafts on your account.

- I authorize CEFF to process debit entries as specified above to the account specified above. This authority will remain in effect until I give reasonable notification to terminate this authorization.
- I have attached a voided check.

Signature	Date
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If you have any questions, please contact CEFF at (724) 891-1426 or email at Contact@CEFF.us.
Mail this form to CEFF with a voided check, 3508 8th Ave., Beaver Falls, PA 15010-3429