

To initiate an ongoing monthly gift through your bank, send the following form to:

Faerie Camp Destiny
PO Box 517
Chester, VT 05143-0517

ELECTRONIC FUND TRANSFER FORM

Agreement to have funds transferred to Faerie Camp Destiny from individual account.

Starting on the ____ (day) of this month and on the same day each month thereafter, please withdraw \$_____.00 from my account and deposit it into Faerie Camp Destiny's account at the Brattleboro Savings & Loan Bank, Brattleboro, VT.

Name on the Account: _____

Name of Bank: _____

City: _____ State _____ Zip: _____

If readily available:

Bank Address: _____

Bank Routing no. _____ Account no. _____

Bank Phone No: ____-____-____ Email address _____

Please include a VOIDED check with this form.

Your Address: _____

City: _____ State: _____ Zip: _____

Your Phone Number: ____-____-____ Email: _____

This agreement is in force until you contact the bookkeeper, who is currently Jason Schneider, jwoozle@comcast.net, Phone 413-522-8858.

Signature of Account Owner _____

Today's Date _____

For more information contact the FCD bookkeeper or anyone who is on the Money Planet.