

Faerie Camp Destiny

ELECTRONIC FUND TRANSFER FORM Revised 6 May 2015

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

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

Agreement to have funds transferred to Faerie Camp Destiny from individual account. Starting on the 15 day of this month and on the 15th day of 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 your Account: _____

Name of your Bank: _____

Please include a VOIDED check with this form, or provide:

Bank Routing no. _____ Account no. _____

This agreement is in effect until you contact Faerie Camp Destiny, EFT@faeriecampdestiny.org.

Your Address: _____

City: _____ State: _____ Zip: _____

Your Phone Number: _____

Email: _____

Signature of Account Owner _____

Today's Date _____

For more information contact the FCD bookkeeper or anyone who is on the Money Plan-it.