



## Electronic Funds Transfer (EFT) Automatic Giving Plan

As a convenience for you, Sports Performance Sciences Intl is able to process monthly and quarterly gifts directly from your checking or saving account. You can save time, postage, and the trouble of remembering to write checks. Using this convenient option will also help Sports Performance Sciences be better stewards of your gifts by saving processing costs.

To utilize this option, please complete the information below and mail to our office along with a check or voided check or deposit slip. Be sure that you complete this form in its entirety, making sure not to leave empty blanks.

Each time a gift is made through Electronic Funds Transfer (EFT), we will send you a receipt for your records. If for some reason you need to alter the amount or discontinue automatic giving, either for a particular period of time or permanently, we simply need your request in writing (see terms and conditions). If you need assistance or have questions about Sports Performance Sciences Giving Plan, please call our office at [714-850-4672](tel:714-850-4672).

### **Personal Information**

Name (as it appears on your check): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(please give both phone # and email (if you have one) in case we need to contact you)

### **Bank Information**

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: Checking-Attach a voided check or check for your first month giving or deposit slip

Saving-Attach a deposit slip

I want to give(Circle):      Monthly                      Quarterly

Total Monthly/Quarterly contribution: \$ \_\_\_\_\_

Time of the month given \_\_\_\_\_ 5<sup>th</sup>      \_\_\_\_\_ 20<sup>th</sup>(If not designated it will be on the 5<sup>th</sup>)

I have read and agree to the terms and conditions of Sports Performance Sciences Automatic Giving Plan. I authorize my bank to transfer the above amount from my checking/saving account to Sports Performance Sciences each month/quarter. This authorization to Sports Performance Sciences can be altered or canceled by me with written notice to Sports Performance Sciences. I further agree that Sports Performance Sciences shall neither incur nor assume any liability and shall be held harmless against any and all claims which may arise in connection herewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_