



Electronic Funds Transfer Donation Form

Please Return completed form and a voided check (or copy) to:

Vice President, CFO
Center for Alcohol & Drug Services, Inc.
P.O. Box 909
Bettendorf, Iowa 52722-0016

I (we) authorize Center for Alcohol & Drug Services, Inc. to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution identified below.

Dollar amount to be withdrawn \$ _____

Frequency of Donation: Annually On _____ of each year.
 Quarterly Will be processed on the **15th** of each January, April, July, and October, starting with the first scheduled date following the receipt of the request.
 Monthly Processed on the _____ of each month.
 One-Time Processed on receipt.

Financial Institution: _____ Branch Location: _____

Account Number: _____ Routing Number: _____

Account Type: Checking Savings

Please enclose a voided check (or copy) or letter from your financial institution verifying your account number and routing number.

Name on Account: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Primary): _____ Phone (Alternate): _____

E-mail Address: _____

This authority is to remain in full force and effect until Center for Alcohol & Drug Services, Inc. has received written notification from the recipient of its termination in such a time and manner as to afford Center for Alcohol & Drug Services, Inc. a reasonable time to act upon it.

Signature _____ Date _____