



**Guardian Angels
Electronic Funds Transfer
Pre-Authorized Contribution Plan**

I hereby authorize Guardian Angels to initiate electronic withdraws from my

____ Checking Account

____ Savings Account

in the amount of \$ _____ from the financial institution named below on the 20th day of each month.

Financial Institution Name _____

City, State _____

Routing/Transit Number _____

Checking Account Number _____

Savings Account Number _____

This authority is to remain in full force and effect until Guardian Angels has received from me written notification of its termination at least 20 days prior to the effective date to afford Guardian Angels and Financial Institution a reasonable opportunity to act on it.

Name _____

Envelope Number _____ Date _____

Address _____

City, State, Zip _____

Signature _____

Please attach a sample voided check to verify accuracy of routing/transit number and account number.