



AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I (we) authorize The Key School to initiate debits and, if necessary, credits and adjustments for debits in error, to my (our) [] checking [] savings account (please select one) indicated below.

Bank Name: _____

Branch: _____

City: _____

State: _____

Transit/ACH (Routing) # _____ **Account #** _____

Amount of monthly donation: \$ _____ **(minimum \$10)**

***To begin (month):** _____

To end (month, year): _____ **(not required)**

This authorization will remain in effect until the date indicated above or, if no end date is specified, until The Key School has received written notification from me (or either of us) of its termination in enough time to allow The Key School a reasonable opportunity to act upon the request, not to exceed 30 days.

Names: _____

Signatures: _____

Date: _____

Date: _____

If you have any questions about this form or using Electronic Funds Transfer as a way to make your gift to The Key School's Annual Fund, please contact Eli Roth, Annual Fund Director, at 410-263-9231 ext. 1221.

Thank you for your generous support!

Please note

First fund transfer will begin on or about the 15th of the month, following 30 days after the receipt of this authorization.