



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 #: _____

I would like to make monthly payments in the amount of \$ _____ (minimum \$10)

beginning (month/year) _____ to end (month/year) _____

for a total gift of \$ _____ OR continue my monthly gift until I notify the Advancement Office.

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 (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.

Name(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If you have any questions about this form or using Electronic Funds Transfer as a way to make your gift to Key School, please contact Akeembra Lawrence, Annual Fund Director, at 443-321-7823.

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.