



<b>For Office Use Only</b>
eTap Acct #: _____
Total Pledge Amount: _____
ACH End Date: _____

**AUTHORIZATION FOR AUTOMATIC FUND TRANSFER**

I hereby authorize SAFEHOME to withdraw funds from my account on a regular basis per the specific terms noted below:

Name of My Bank: \_\_\_\_\_

My Bank's Routing No: \_\_\_\_\_

My Account No: \_\_\_\_\_

Amount to be withdrawn: \$ \_\_\_\_\_

Withdrawal Schedule:        \_\_\_ Monthly        \_\_\_ Quarterly        \_\_\_ Other

**NOTE: All withdrawals will occur on the 15<sup>th</sup> unless otherwise specified.**

This authority is to remain in full force and effect until I have provided SAFEHOME with written notification of its termination or my financial pledge to SAFEHOME has been fulfilled, whichever occurs first.

Name: \_\_\_\_\_

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

***Please return this form with a VOIDED CHECK to  
SAFEHOME, P.O. Box 4563, Overland Park, KS 66204***

***Fax: 913-432-9302***

*Contact Damon Cruce, Finance Director with questions at  
413-432-9300 ext. 113 or [dcruce@safehome-ks.org](mailto:dcruce@safehome-ks.org)*