
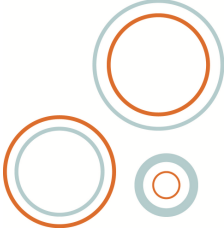


		Date
<b>Authorization Form</b>		
<input type="checkbox"/> New Authorization		Effective Date:
Name of Donor (Please Print)		
Address		
City	State	Zip
<b>GENERAL OPERATING ACCOUNT (xxx0880)</b> <input type="checkbox"/> Semimonthly (Transferred on the 1 <sup>st</sup> & 15 <sup>th</sup> ) <input type="checkbox"/> Monthly (Transferred on the 1 <sup>st</sup> ) <input type="checkbox"/> Quarterly (The 1 <sup>st</sup> of the month beginning _____) <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <b>Amount per Contribution</b> \$ _____		 <b>The Emily Program</b> <b>FOUNDATION</b>  Our mission is to save lives, change minds, and work to eliminate eating disorders.  
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account (you must attach a voided check)		<input type="checkbox"/> Savings Account (you must attach a savings deposit slip)
Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols ☐:☐:	Account #:	
I authorize <b>The Emily Program Foundation</b> and <b>Wells Fargo Bank</b> to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.		
Authorized signature on my account:		Date:
<b>Please attach a voided check or savings deposit slip.</b>		