



Enrollment Form for Automatic Monthly Donation through Bank Account

(please print clearly)

I, _____, authorize the Vermont Workers' Center to electronically withdraw funds from the following account:

- Name of Financial Institution: _____
- Type of Account (please check one): Savings Checking
- Routing #: _____
- Account #: _____
- Amount: \$ _____
- Frequency of giving (please check one): Monthly Quarterly
- If giving monthly or quarterly, funds will be withdrawn on (choose one):
3rd OR 18th day of the month

By signing this form, you authorize the Vermont Workers' Center (VWC) to initiate debit entries to the account at the bank named in this form. The debit will occur on or about the date indicated above. The authorization is to remain in effect until revoked by VWC or until VWC has received written notification from you of its termination. The notice of termination must be given at least five (5) business days prior to its effective date. To make changes to this agreement please contact Heather Pipino, VWC's Development Coordinator, at (802) 595-1671 or heather@workerscenter.org.

By signing this form, you also agree that you understand and acknowledge all ACH (Automated Clearing House) debit entries authorized by you will be conducted according to National Automated Clearing House Association Rules (NACHA Rules.) You further acknowledge that the origination of an ACH transaction must comply with U.S. law.

Name: _____ (as it appears on your account)

Signature: _____ Date: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please Mail to: Vermont Workers' Center, 294 North Winooski Ave., Burlington, VT 05401