



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM  
FOR HELPING HANDS OF SOUTHEAST**

This form is for: \_\_\_\_\_ an initial request for EFT payments \_\_\_\_\_ a change in an existing enrollment

**DONOR INFORMATION**

Individual Name:		Business Name:	
Address:			
City:	State:	Zip Code:	
Contact Person's Telephone:		Contact Person's E-Mail Address:	

**FINANCIAL INSTITUTION INFORMATION**

ABA (Transit Routing) Number:		Checking Account Number:	
Name of Financial Institution:		Telephone	
Name on Checking Account:			

**AN ORIGINAL VOIDED CHECK MUST BE RETURNED WITH THIS FORM.**

**AUTHORIZING SIGNATURE:** By signing this document, you are authorizing EFT payments for Helping Hands of Southeast. I/We hereby request the Platinum Federal Credit Union, for the account of Helping Hands of Southeast, to collect the above pledged amount from my Bank Account listed above. This authority should remain in effect until revoked in writing and until you receive such notice.

**EFT Amount:** \$ \_\_\_\_\_ **Monthly / Annually / One Time**

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_

**Please return this completed form to:**  
3060 Mercer University Drive  
Suite 100  
Atlanta, Georgia, 30341  
**OR**  
Email to: [info@evergreencenter.org](mailto:info@evergreencenter.org)