



RE:NEW

creating hope for women

Thank you for partnering with Re:new to create a space for refugee women to thrive as we provide sustainable employment and foster meaningful community founded on the principles of dignity, respect and creativity.

EFT Authorization Agreement*

I / We authorize **Re:new Project** to deduct funds from my/our checking/savings account as follows:

\$ _____ each ____ **Month** ____ **Quarter** (March, June, Sept., Dec.) ____ **Annual** (month: _____)

Deductions will be processed on the 15th day of the month

This authorization will remain in effect until the donor provides written notification to Re:new Project of any changes or termination.

All Names on Account (please print):

Signature(s):

Account Type: Checking Savings

Bank Name _____

Bank Phone _____

Account Number _____

Routing/Transit number _____

9-digit number printed on bottom left of check, deposit or withdrawal slip.

*Please enclose a voided check or withdrawal slip (not a deposit slip) with this form.

Contact Information:

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ - _____

Email _____

Mail to: Re:new Project
Attn: Susan Tripi DeLano
Executive Director
483 N. Main Street, Glen Ellyn, IL 60137