



Monthly giving to SELF (Support for Early Learning and Families) through electronic funds transfer from my bank account.

I am committing to support SELF with monthly giving. I give my bank permission to transfer these funds monthly to SELF for the amount indicated below. This authorization does not have an end date and will remain in effect until I contact SELF and change my gift.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

CONTACT INFORMATION \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

AMOUNT OF TRANSFER EACH MONTH \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_ BANK ACCOUNT NUMBER \_\_\_\_\_



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