



### ELECTRONIC FUNDS TRANSFER (EFT)

Save time and money each month using Electronic Funds Transfer (EFT). Your decision to use EFT will allow you to be a regular supporter without mailing RRA a check. Your regular contributions will be automatically deducted from your checking account.

You should know that all electronic funds transfers are federally regulated for your protection and that this is a very safe way to give.

This is how it works.

- Complete the authorization form below.
- Choose either the 1<sup>st</sup> or the 15<sup>th</sup> of the month for funds to be transferred.
- Attach a voided or cancelled check. (No deposit slips please.)
- You will receive receipts for your records.
- Mail this to:

RRA, Inc.  
1200 Old Ellis Road  
Roswell, GA 30076

Your gifts will continue until you notify us in writing that you wish to change the amount or withdraw from this service. If you need any additional information about this process, please call 770.664.4347, Ext. 102.

Again, we appreciate your faithfulness and your financial support. If we may serve you in any way, please contact us.

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### EFT AUTHORIZATION

I/we authorize RRA Foundation to electronically debit from my account and reverse any charges made in error to the financial institution named on my enclosed check. This authorization will remain in effect until I/we give written notice to cancel. I understand that all changes of status to this agreement take three to six weeks to be processed.

Name(s) \_\_\_\_\_  
(please print)

Signature(s) \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

Transit/ABA number \_\_\_\_\_  
(Nine digits)

Account Number \_\_\_\_\_

Amount per month \$ \_\_\_\_\_ (minimum \$5.00)

Monthly withdrawal date  1<sup>st</sup> or  15<sup>th</sup> (check one)

Please return this form along with a **voided or cancelled check** to RRA Foundation at the above address.

**Please apply my gift as follows:**

|                         |          |
|-------------------------|----------|
| Where needed most       | \$ _____ |
| Committee of 100        | \$ _____ |
| Medical Assistance Fund | \$ _____ |
| Property Repairs Needed | \$ _____ |

**Total monthly withdrawal:**

\$ \_\_\_\_\_