



AUTHORIZATION FOR DIRECT DONATION:

I hereby authorize VEAP (Volunteers Enlisted to Assist People) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) on the 10th of each month, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect for the period listed or until I notify VEAP in writing to cancel it in such time as to afford VEAP and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of your Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Signature) (Date)

Amount of Donation: _____

Donation to be in effect from _____ to _____

I wish to receive an acknowledgement letter for this donation ___ monthly or ___ annually.

Fund Type - Please mark the fund you wish to contribute to:

- General Operating - *supports all of VEAP's programs in the community*
- Food Services Program
- Social Services Program

*Please enclose a voided check or a copy of a savings deposit slip.
Thank you for your support!*