Braille Institute®

Electronic Funds Transfer (EFT) Registration Form

To authorize a monthly electronic funds transfer (EFT) from your bank account, please complete and sign the form below and send to:

Braille Institute of America, Inc.
Department of Development
741 N. Vermont Ave.
Los Angeles, CA 90029

Yes! I want to give tax-deductible a monthly gift of $_____

Please process my gift on the: ☐ 1st of each month ☐ 15th of each month

☐ I authorize my bank to transfer the above amount monthly from my checking account

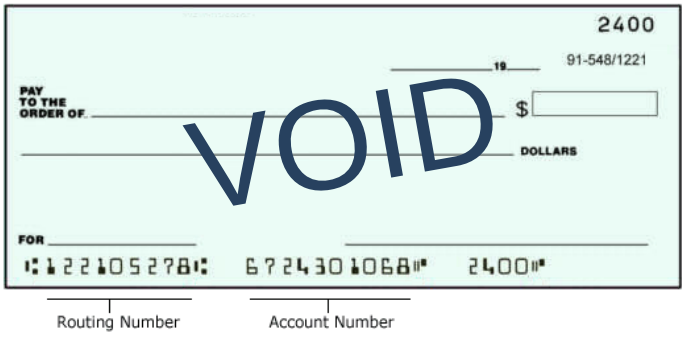
Please enter the following bank account information or attach a voided check:

Routing Number:

___ / ___ / ___ /___ /___ /___ /___ /___ /__

Account Number:

___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ /



Please please print your information below:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:(_____) _____ Email:_____

Signature _____

Today's Date: _____/_____/_____

Special Instructions: