



A life of possibilities for people with intellectual disabilities.

**ELECTRONIC FUNDS TRANSFER AGREEMENT**

The Mosaic Foundation, located in Omaha, Nebraska, exists for the purpose of raising, receiving and receiving all charitable gifts for Mosaic. The Foundation upholds national recognized standards for charitable gifting and is accountable to all donors.

I/We wish to establish an electronic funds transfer to automate my/our monthly giving to Mosaic. I/We hereby authorize The Mosaic Foundation, Tax I.D. #: 36-3837360, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my:

**Select one:**             Checking account     Savings Account

Name(s) on account: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account No.: \_\_\_\_\_ Transit/ABA No.: \_\_\_\_\_

Amount of monthly gift: \$ \_\_\_\_\_

**Please use my/our gift:**

- Where it is needed most.
- To support the current needs of Mosaic's agency in \_\_\_\_\_(location).

Requested date for monthly transaction:     1<sup>st</sup> of the month             15<sup>th</sup> of the month

This authority is to remain in full force and effect until The Mosaic Foundation has received written notification from donor(s) 30 days prior of its termination in such time and in such manner as to afford The Mosaic Foundation reasonable opportunity to act upon it.

Donor name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please attach a voided check or savings withdrawal slip (with ABA routing number).**

***Thank you for helping Mosaic bring God's gift of wholeness of life to people with disabilities!***

Mail to: The Mosaic Foundation, 4980 S 118<sup>th</sup> Street, Omaha, Nebraska 68137