



# MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC.

*Striving for a world without MG...*

## Electronic Funds Transfer (EFT) Authorization Form

Thank you for making your gift to MGFA. Your donation will be deducted from your checking or saving account on or around 15<sup>th</sup> of each month, and “Myasthenia Gravis Foundation of America, Inc.” will appear on your bank statement. Please print this form, fill it out and mail it with a voided check to:

Myasthenia Gravis Foundation of America, Inc.  
355 Lexington Avenue, 15<sup>th</sup> Floor  
New York, NY 10017-6603

### Personal Information

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Gift Information

I authorize Myasthenia Gravis Foundation of America, Inc., to deduct from my

Checking account  Savings account \$ \_\_\_\_\_ per month (minimum: \$10)

### Bank Information

Your financial institution: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Financial institution's routing number: \_\_\_\_\_

**Important: Please enclose a voided check for account verification**

### Authorization

I (We) hereby authorize the Myasthenia Gravis Foundation of America, Inc, to initiate debit entries on my (our) bank account and the financial institution to debit the same to such account. This authority is to remain in effect until MGFA has received my (our) written notification of a change in its terms or of its termination, in such time and manner to afford MGFA a reasonable opportunity to act on it.

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

*Please keep a copy of this form for your records.*