



BOYS & GIRLS CLUBS
OF CENTRAL WYOMING

ELECTRONIC FUNDS TRANSFER FORM

I authorize the Boys & Girls Clubs of Central Wyoming and the financial institution below to initiate electronic funds transfer to my account.

Signature: _____ Date: _____

Account:

Financial Institution: _____

City, State: _____

Telephone Number: _____

Routing Number: _____

Account Number: _____

Account Type: **Checking** **Savings**

Account Holder:

Name (Printed): _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____