RESGEN

Engage. Equip. Encourage.

Electronic Funds Transfer (EFT) Form

I hereby authorize my bank to transfer $_____ to Restoration Generation, Inc. AKA RESGEN

Please withdraw these funds on the _____ 5th of each month OR _____ 20th of each month

Receipt Preference _____ a year-end summary list of gifts OR _____ individual (monthly) gift receipts

Signature (Required) _____ Starting Date _____

Address _____ City _____ State _____ Zip_____

Name _____ Spouse _____

Cell (_____) _____ - _____ Cell (_____) _____ - _____

Work (_____) _____ - _____ Work (_____) _____ - _____

Email _____ Email _____

PLEASE ATTACH A VOIDED CHECK

Restoration Generation, Inc. (501c3 | EIN 27-1864860) relies solely on donations to accomplish its mission.