



# THE WILDLIFE CENTER OF VIRGINIA

P.O. BOX 1557 • WAYNESBORO, VIRGINIA 22980 • 540-942-WILD • FAX 540-943-WILD

I authorize the Wildlife Center of Virginia to initiate a monthly electronic transfer of funds from my:

\_\_\_\_\_ checking account \_\_\_\_\_ savings account

My monthly donation amount \$ \_\_\_\_\_

*I acknowledge that the origination of ACH (Automatic Clearing House) transactions from my account must comply with the provisions of U.S. laws. I may change or cancel my monthly donation to the Wildlife Center of Virginia at any time by writing to the Center. Please address this notification to Lacy Kegley, at lkegley@wildlifecenter.org*

Date \_\_\_\_\_

Name of Bank/Financial Institution \_\_\_\_\_

Nine-digit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank City and State \_\_\_\_\_

Your Name		Date _____ 20__		1111
Your Address				
Your City, State, Zip				
Pay to the order of _____		\$	<input type="text"/>	
		Dollars	<input type="text"/>	
For _____				
⑆ 123456789 ⑆		000123456 ⑆		1111
Routing Number		Account Number		

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

The Wildlife Center will transfer funds from your account on or about the 25th of each month. Thank you!