WESTRIDGE SCHOOL

ELECTRONIC FUNDS TRANSFER

AUTHORIZATION FORM

PLEASE PRINT

Donor Name	First Maiden Last
Address	Street Address City ST ZIP
Telephone (please include area code)	(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Primary E-mail	_____@_____
Bank Name	
Bank Account Number	
Name as it appears on the account	
Dollar amount to be withdrawn	$___ ___ ___ ___. ___ ___

I hereby authorize Westridge School to make automated withdrawals in the amount indicated above from the referenced account between the 10th and 15th of each month, beginning _____.
Day/Mo/Year

I understand the monthly charge will continue until I provide **written** notification of a change to Westridge School.

Signed:_____ **Date:**_____
Signature of Account Holder

Please direct questions to Rachelle Gayl, Director of Alumnae Affairs, alumnae@westridge.org, 626.799.1053, ext. 244.

Return this completed and signed form along with a **VOIDED** check to: WESTRIDGE SCHOOL
Attn: Kathy Ignacio
324 Madeline Drive
Pasadena, CA 91105

Attach check here

Internal Use Only
Date Form Received: _____
Date Voided Check Received: _____
Date Copy Mailed to Donor:_____
Input by: _____