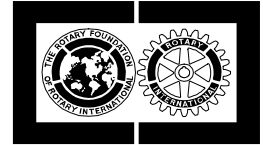




**TRF-DIRECT Donations
AUTHORIZATION FORM
FOR
ELECTRONIC FUNDS TRANSFER**



Personal Information (Please Print):

Name _____ Daytime Telephone (_____) _____
 Street _____ Evening Telephone (_____) _____
 City _____ State _____ Zip Code _____

Donor's Rotary ID # _____ Rotary Club of Donor _____
 Club Number _____ District _____ Credit the Rotary Club of _____

Banking Information:

Name of Bank _____
 City _____ State _____ Zipcode _____
 Bank account number _____ Account type (check one): [] Checking (include a voided check)
 [] Savings (include a deposit slip)
 Check here if account is with a credit union:

I hereby authorize The Rotary Foundation to deduct \$ _____ (circle one)
 1st of every month 15th of every month 1st of every quarter

from the bank account indicated above. I understand that each transaction will appear on my regular bank statement. *It is my responsibility to call and request recognition when I've contributed enough to become a Paul Harris Fellow.* I further understand that this authority remains in effect until I notify The Rotary Foundation in writing and the Foundation has had a reasonable amount of time to fulfill my request. The Rotary Foundation can terminate this agreement at any time.

Date _____ Signature _____

Mail this completed form (and a voided check OR deposit slip) to:
 The Rotary Foundation of Rotary International
 Attn: Annual Giving – TRF DIRECT Donations
 1560 Sherman Avenue, FN290
 Evanston, IL 60201-3698

If you have questions, please call Roylene Gallas at 847/866-3352 or email TRFDIRECT@rotaryintl.org.
THANK YOU!