

# Oklahoma Family Policy Council

## Electronic Funds Transfer Form

*I hereby authorize Oklahoma Family Policy Council to initiate a monthly debit of my checking or other listed financial account for the dollar amount(s) specified. I understand these funds will be credited monthly to the account of Oklahoma Family Policy Council as my contribution to fund the public policy, family-strengthening, and cultural work of the Council. I further understand that my contribution is tax-deductible as allowed by law. This authority will remain in effect until I notify you in writing to cancel or amend it in a reasonable amount of time.*

**(PLEASE PRINT)**

Name(s) as listed on account \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number (        ) \_\_\_\_\_

Financial institution name \_\_\_\_\_

Account number \_\_\_\_\_

**CHECKING OR SAVINGS** (please circle type of account)

9-digit bank routing number (**BETWEEN SYMBOLS |:**    **|:** **ON BOTTOM LEFT OF YOUR CHECK**)

\_\_\_\_\_

Amount to withdraw monthly \$ \_\_\_\_\_

Please withdraw funds from my account on the **7<sup>TH</sup>** **OR** **22<sup>ND</sup>** day of the month (please circle one).

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If joint account, both owners must sign)

Signature of co-owner \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A VOIDED CHECK, AND PLEASE RETURN COMPLETED FORM & VOIDED CHECK TO:**

Oklahoma Family Policy Council  
3908 N. Peniel Avenue  
Bethany Bank Tower, Suite 100  
Bethany, OK 73008-3458

*Thank you very much for supporting Oklahoma Family Policy Council's mission to strengthen families, educate Oklahomans on public policy as it impacts the family, encourage responsible citizenship, and to restore traditional, Judeo-Christian principles in American public policy.*