



# EMMANUEL HOSPITAL ASSOCIATION (USA)

...making a difference through health care in North India...

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Emmanuel Hospital Association (USA)  
215 N. Arlington Heights Rd.  
Suite 102  
Arlington Heights, IL 60004

Phone – 1-847-632-1170 ~ Fax – 1-847-577-1556 ~ Toll Free – 1-888-893-2654

To contribute to the work of the Emmanuel Hospital Association in India by using electronic fund transfer (EFT) please complete the form below and return it to our offices. This authorization must be printed out, completed, and returned to our office by fax. Alternatively, you may complete the form, scan it, and email it to our offices at [info@ehausa.org](mailto:info@ehausa.org). Thank you for your support of EHA!

I authorize **monthly** electronic fund transfers (EFT) to EHA (USA) beginning on \_\_\_\_\_/20/\_\_\_\_\_.

I understand that I may terminate this authorization at any time.

Fund to which monthly contribution should be applied:

Where most needed

Other (please specify): \_\_\_\_\_

I have attached or enclosed a **VOIDED** check (not required for savings accounts).

Please make this EFT from my (choose one):

Checking Account

Savings Account

Monthly Amount: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
(number located to the left of account number on check)

I/we (the undersigned) hereby authorize EHA (USA) to transfer the above amount on the 20<sup>th</sup> of each month. I further understand that I will receive a receipt of my donation to be used in conjunction with my tax return.

\_\_\_\_\_  
Signature (both signatures required on joint account)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (both signatures required on joint account)

\_\_\_\_\_  
Date

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