



# Sabre Foundation

## **Electronic Funds Transfer (EFT) Authorization Form**

**Please complete this form and mail it with a voided check to:**

Sabre Foundation, Inc.  
Ken Mackler  
Comptroller  
872 Massachusetts Avenue, Suite 2-1  
Cambridge  
MA 02139  
U.S.A.

### **PERSONAL INFORMATION**

Legal name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_  
Home e-mail: \_\_\_\_\_ Business e-mail: \_\_\_\_\_

### **GIFT INFORMATION**

I authorize Sabre Foundation to deduct from my bank account:  
\$ \_\_\_\_\_ per quarter.

### **BANK INFORMATION**

Your financial institution: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Financial institution's routing number: \_\_\_\_\_  
(The nine-digit sequence of numbers appearing at the bottom of your check)  
Checking account number: \_\_\_\_\_

**Important: Please enclose a voided check (not a deposit slip) for account verification.**

### **AUTHORIZATION**

I hereby authorize Sabre Foundation to initiate monthly debits, beginning on the xth day of the following month and continuing each quarter thereafter. I understand that both Sabre Foundation and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until revoked by me in writing.

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