Electronic Funds Transfer

ACH Authorization Form

The SheaCenter for Therapeutic Riding

Please complete this form and send it to the following address:

J.F. Shea Therapeutic Riding Center
26284 Oso Road
San Juan Capistrano CA 92967

Alternatively, fax this form to our secure fax, (949) 240-3447

Questions? Please contact Holly Hadden at hhadden@sheacenter.org or call (949) 625-7876

Transfers are initiated on or before the 15 of each month.

DONOR INFORMATION

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

PHONE NUMBER ☐ HOME ☐ BUSINESS ☐ MOBILE

EMAIL ☐ HOME ☐ BUSINESS

FAX NUMBER (OPTIONAL)

ACCOUNT NUMBER

BANK ROUTING NUMBER

SIGNATURE DATE

Authorization remains in effect until revoked in writing.

GIFT INFORMATION

Recurring Gift Amount $ _____

☐ per month ($10 minimum)

☐ per quarter ($25 minimum)

GIFT PURPOSE

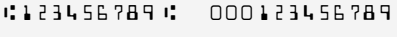
ADDITIONAL INFORMATION ABOUT THIS GIFT (OPTIONAL)

☐ Share gift credit with my spouse/partner,

SPOUSE/PARTNER FULL NAME

☐ Keep my gift anonymous

Where to Find Your Routing and Account Numbers



ROUTING NUMBER ACCOUNT NUMBER

On a bank check, the routing number is the first 9-digit number. The account number is the second string of digits and is 10–12 digits. This information can also be found on your online banking portal.