



A Non-Profit Public Benefit Corporation EIN 20-4915292

Electronic Funds Transfer (at NO cost to you!)

Print this form and fax or mail it to:

***Access Life International, Inc.
221 11th Street
Huntington Beach, CA 92648
FAX: 1-866-580-1244***

Fill in the information below completely

Your Name:

Your Address, City, State, Zip:

Phone/Contact Number:

Your Bank Name:

Your Bank Phone Number:

Your Bank Account Number:

Please make a monthly deduction from my

- Checking account (please enclose a voided blank check)
 Savings Account (please enclose a savings deposit slip)

I prefer a

- Weekly
 Monthly
 Bi-Monthly
 Bi-Annually
 Yearly
 Other (Please describe _____)

Starting on the date of:

For the amount of : \$

Agreement for Electronic Fund Transfers:

This permission to charge my bank account is the same as if I had personally signed a check to Access Life International, Inc. This agreement will remain in effect until:

1. I write a note or call Access Life International, Inc. (714-960-5167) telling them to end this agreement and they have had reasonable time to act on it. Or,
2. Access Life International, Inc. or my bank sends me 10 days' written notice that this agreement will end.

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15 days of the bank statement or within 45 days after the transfer was made. I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with Access Life International, Inc.

I have read, understand and agree with the information presented and **attached my voided blank check or savings deposit slip** to this form.

Signature _____ Date _____