

Periodic Charitable Donation

Request for Periodic Transfer To:

- Boys & Girls Clubs BPYL
 With Hope Foundation

Name: _____ Account # _____

Please transfer \$ _____ from my savings checking other

Transfer weekly monthly other

Beginning ____/____/____

Signature: _____
Date: _____

This authorization will remain in effect until canceled in writing.

Fax: 714-577-8033 or Mail to: Family 1 FCU,
1454 N Kraemer Blvd., Placentia, CA 92870