



## Automatic Bank Draft Form

I authorize the Envision Foundation to withdraw \$ \_\_\_\_\_ from my checking account on the first of each month beginning \_\_\_\_\_, 20\_\_\_\_ and continuing until such time as I notify Envision in writing to discontinue the draft.

*Your contribution can be stopped at any time by writing to the Envision Development Office at the address below:*

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

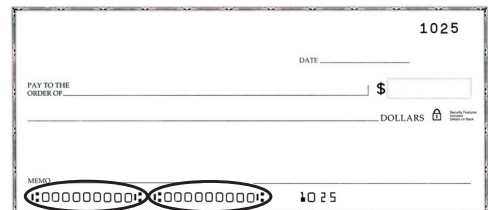
Bank Name (depository): \_\_\_\_\_

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

Name as it appears on your check: \_\_\_\_\_

Bank routing number \_\_\_\_\_ Bank account number \_\_\_\_\_

Account type:  Checking account  
 Savings account  
 Business checking account



Bank routing number ↗      ↖ Bank account number

*Please enclose a voided check with this completed form and return to:*

**The Envision Foundation** | 610 N. Main | Wichita, KS 67203  
316-440-1529 | [development@envisionus.com](mailto:development@envisionus.com)

To improve the quality of life and provide inspiration for the blind and visually impaired through employment, outreach, rehabilitation, education and research.