



National Foundation  
for Transplants

**NFT's Automatic Deposit Program** enables patients to receive more timely and secure assistance funding through direct deposits. **This program is optional.** If you would like to participate, **please complete this form and submit it, along with a voided check to:**

Patti Reed, Patient Advocate  
National Foundation for Transplants  
5350 Poplar Ave. Suite 850  
Memphis, TN 38119

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**Patient Name** \_\_\_\_\_  
Please Print

I hereby authorize the **National Foundation for Transplants** to initiate credit entries to my  
\_\_\_ **Checking** \_\_\_ **Savings** account (select one) indicated below and the depository/bank named  
below, hereinafter called DEPOSITORY/BANK, to credit the same to my account.

**DEPOSITORY/BANK**

NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA/ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACH RT NUMBER (if printed on the check) \_\_\_\_\_

This authority is to remain in full force and effect until the National Foundation for Transplants has received written notification from me of its termination in such time and in such manner as to afford the National Foundation for Transplants and DEPOSITORY/BANK a reasonable opportunity to act on it.

Name(s) on Account \_\_\_\_\_  
(PLEASE PRINT)

Signature (s) \_\_\_\_\_ Date \_\_\_\_\_  
*Including Patient*

**Please include a voided check when submitting this form.**