

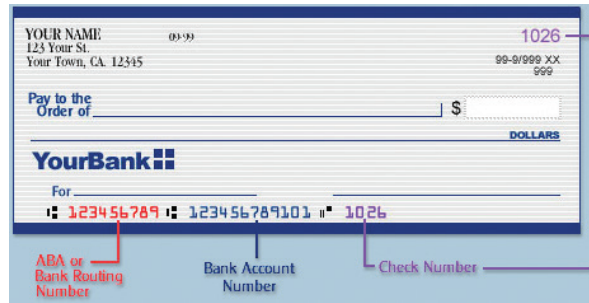
Electronic Funds Transfer Form

Personal Information:

First Name	Last Name	Email Address		
Mailing Address		City	State	Zip

Bank Information:

Bank Name	Bank Address	City	State	Zip
Type of Account	Account Number	Routing Number		



Monthly Donation Information:

Monthly Amount (minimum \$20)	<input type="checkbox"/> 5th <input type="checkbox"/> 20th	Effective Date
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By signing your name below, you understand that you are authorizing your financial institution, specified above, to transfer from my account each month to Endurance the donation amount specified above.

I understand that this agreement remains in effect until I provide written notice to the address below, and that any changes of status to this agreement take between three and six weeks to be processed.

Signature	Date
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Please fill out all of the information above, sign and fax this form back to Endurance at 303.962.7596.

Thank you so much for your support of Endurance.

