



Electronic Funds Transfer Authorization Form

1. Choose a level of giving

I authorize the Nisei Veterans Memorial Center to deduct from my account as follows:

\$_____ per month (\$25 minimum/month) for _____ months (12 minimum) OR

\$_____ per quarter (\$50 minimum/quarter) for _____ quarters (4 minimum)

2. Identify your financial institution

Checking Account

Savings Account

Financial Institution _____ Branch _____

City _____ State _____ Zip _____ - _____

Routing # _____ Account #. _____

3. So we may thank you

Name/s _____
(As you would like it/them to appear in NVMC records.)

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ email address _____

4. Final details

- Please acknowledge my contribution *In Memory Of* _____
- My employer will match this gift.
- Please send me information about gifts that provide tax advantages and income for life.
- I have designated the Nisei Veterans Memorial Center in my will.

5. Transmit

Signature _____ Date _____

Important: Please attach a VOIDED check (not a deposit slip) for account verification.

If you have questions, please call
808.244.NVMC (6862)
M-F, 8:30 AM – 5:00 PM
Hawaii Standard Time

Mail to:
Nisei Veterans Memorial Center
PO Box 216
Kahului, HI 96733-6716