



AUTHORIZATION FOR AUTOMATIC TRANSFERS

I authorize TCF Bank ("TCF") to initiate the following automatic transfers per the instruction indicated below.
As a tax-deductible donation to Youth Resources - EIN 43-2100868

Debit Account # - (Your Account #)	Account Type	Financial Institution	Routing #
Credit Youth Resources - Account # 1852280518	Checking	TCF Bank	291070001

Schedule:

___ Weekly Every: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

___ Monthly Indicate up to six dates: ___ ___ ___ ___ ___ ___

Transfer Amount _____ Starting Date _____ Ending Date _____

Request Date: _____
(today's date)

Customer Name _____ Customer ID# _____
account to be debited

Customer Name Youth Resources Customer ID# 1852280518
account to be credited

If any scheduled transfer falls on a non-business day, the transfer should take place on the closest business day after that date.

I state under penalty of perjury that one or both of the above accounts are owned by me and I have submitted appropriate documentation of ownership. TCF is not required to complete this transfer if there are insufficient available funds in the debit account if that account is held at TCF. I may call 1-800-TCFBANK to verify whether or not the transfer has occurred. I may stop a transfer by calling TCF at 1-800-TCFBANK or visiting my local TCF branch so that the call or request is received by TCF at least three business days before the transfer would take place. If an error occurs with a transfer, I must contact TCF no later than 60 days after my periodic statement in which the error appeared was mailed. I understand that TCF will consider all transfers to my retirement account under this agreement during a calendar year as contributions to my retirement account for that year. TCF may cancel this agreement at any time. I have been provided a copy of this agreement.

Customer Signature _____ Date _____
Owner of debit account

Customer Signature (Youth Resources) _____ Date _____
Owner of credit account

Bank Use Only

Branch Name/ # : _____ Teller Name: _____ Teller # : _____

Ownership Documentation: Statement Cancelled Check
(Required for debits from non-TCF accounts)

Original Copy - Teller Work Copy - Customer

Please mail this form back to

Youth Resources
2114 Queen Ave. No.
Minneapolis, MN 55411