



EFT AUTHORIZATION FORM

Date: _____

I/we authorize Eastern Illinois University to initiate Electronic Funds Transfer (EFT) from my/our bank account on the 5th of every month.

This authorization is to remain in effect until the authorizing person named below has given 30 days written notification of termination of this contract.

DONOR INFORMATION (please print):

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: (_____) _____ - _____

Gift Designation Amount: _____ Check One: One-time Deduction Monthly Deduction

Gift Designation Area: _____
(college, office, unit on campus that you wish to donate to)

Name(s) on Bank Account: _____ / _____

Signature(s): _____ / _____

BANK INFORMATION

Bank Name: _____

ABA Routing #: _____ Account #: _____

City: _____ State: _____ ZIP: _____

Contact Person _____ Telephone: (_____) _____ - _____

Type of Account: Checking Savings

PLEASE ATTACH A VOIDED CHECK (or SAVINGS ACCOUNT DEPOSIT SLIP)

RETURN TO:

Karla Watson, Assistant Vice President of University Advancement
EIU Office of Philanthropy
600 Lincoln Avenue
Charleston, IL 61920