



## 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

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 Evans, Executive Director  
EIU Office of Philanthropy  
600 Lincoln Avenue  
Charleston, IL 61920