



Electronic Funds Transfer (EFT) Authorization Form

Please complete this form, sign it in ink, and mail it with a voided check to: East Tennessee State University Advancement Services PO Box 70721 Johnson City, TN 37614 Questions? Call 423-439-4242 NOTE: Your donations will be deducted from your account on or about the 5th of each month.

Personal Information

Name: Address: City: State: ZIP: Home Phone: Work Phone: Home e-mail: Work e-mail: Are you an ETSU graduate? Yes No Degree(s) Graduation Year(s)

Gift Information

I authorize the ETSU Foundation to deduct from my checking account \$ (\$10 min.) monthly on or about the 5th quarterly (around the 5th of Apr/Jul/Oct/Jan) yearly (specify month): Debits should continue until notified to stop OR until (date) *If you are interested in using a savings account instead, please contact us at 423-439-4242 or gifts@etsu.edu Please designate my gift to: ETSU Annual Fund (top current-year priorities) Other (please specify): I have an existing recurring credit card charge for this fund. Please discontinue the credit card charge. My employer will match my gift (form attached). See if your company matches at www.matchinggifts.com/etsu

Bank Information

Your financial institution: City: State: Routing #: Account #:

Important: please include a voided check (not a deposit slip) for account verification.

Authorization

I hereby authorize East Tennessee State University and the ETSU Foundation to initiate recurring debits beginning on the 5th day of the following month and continuing at each interval selected thereafter. I understand that ETSU, the ETSU Foundation, and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until the date shown above or until revoked in writing.

Signature: Date: