ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Please print this form, fill it out, and mail it with a voided check to:

The University of Iowa Center for Advancement
Gift Accounting Department
P.O. Box 4550
Iowa City, Iowa 52244-4550
Phone: (319) 335-3305 or (800) 648-6973

Note
Your donation will be deducted from your checking account on the 5th of each month.

PERSONAL INFORMATION

Legal name: _____

Home address: _____

City: _____ State: ZIP: _____

Home phone: _____ Business phone: _____

Home email: _____ Business email: _____

Are you a UI graduate? ❑ Yes ❑ No

GIFT INFORMATION (GFE)

I authorize the University of Iowa Center for Advancement to deduct from my bank account:

$_____per month.

Please designate my gift to: ❑ Iowa Impact Fund (top UI-wide priority)

❑ University-wide scholarships

❑ Other area, please specify: _____

BANK INFORMATION

Your financial institution: _____

City:_____State: _____

Financial institution's routing number: _____

(The nine-digit sequence of numbers appearing at the bottom of your check)

Checking account number: _____

***Important*: Please enclose a voided check (not a deposit slip) for account verification.**

AUTHORIZATION

I hereby authorize the University of Iowa Center for Advancement to initiate monthly debits, beginning on the 5th day of the following month and continuing each month thereafter. I understand that both the University of Iowa Center for Advancement and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until revoked by me in writing.

Signature:_____Date: _____