

# 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 (GZEFT)

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: \_\_\_\_\_