



# Electronic Funds Transfer (ETF) Form

## AUTHORIZATION TO DRAFT ACCOUNT

**YES**, I want to support Emory University through Electronic Funds Transfer. Enclosed with this form is a voided check or deposit slip from my/our account.

**I hereby authorize Emory University to issue drafts against my/our bank account**

**in the amount of \$ \_\_\_\_\_ per month.** (Minimum draft is \$5.00 per month. You should anticipate the first draft approximately 30 days after we have received your authorization.)

**Emory University is further authorized to begin processing drafts against my/our account**

**on the 20th day of \_\_\_\_\_, \_\_\_\_\_ and to continue to process drafts in the above amount until (check one)  the 20th day of \_\_\_\_\_, \_\_\_\_\_ or  until notified.**

**Name** (please print or type) \_\_\_\_\_

**Account type** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Daytime phone number** \_\_\_\_\_

**Financial institution** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please designate my gift as follows** \_\_\_\_\_

**I am employed by** \_\_\_\_\_ **which will match my gift.**

*This authority is to remain in full force and effect as outlined above until Emory University and Financial Institution have received written notification from me (or either of us) of its termination and have both had reasonable opportunity to act on it.*

**Please attach a VOIDED CHECK or DEPOSIT SLIP to this form and send to:**

Office of Gift Records  
ATTN: Electronic Funds Transfer Administrator  
Emory University  
Suite 1400, MS: 0970-001-8AA  
1762 Clifton Road, NE, Atlanta, GA 30322-4001