



Electronic Funds Transfer (EFT) 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 15th day of _____, _____ and to continue to process drafts in the above amount until (check one) the 15th 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
MS: 0970-001-8AA
1762 Clifton Road NE, Suite 1400
Atlanta, GA 30322-4001