

ELECTRONIC FUNDS TRANSFER

EFT FORM

PART 1

NAME: _____ EMAIL: _____
PHONE: _____ ALT PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

BY PROVIDING AN E-MAIL ADDRESS I AUTHORIZE ADRIAN COLLEGE TO SEND ME PERIODIC UPDATES AND INFORMATION.

PART 2

PLEASE DEDUCT \$ _____ PER MONTH UNTIL WRITTEN NOTICE IS RECEIVED.

-OR-

PLEASE DEDUCT \$ _____ EACH MONTH FOR _____ YEARS.

FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____

ROUTING/TRANSIT NUMBER: _____

ACCOUNT TYPE: _____ SAVINGS _____ CHECKING

I/WE WISH TO DESIGNATE THE GIFT TO:

RENAISSANCE II CAMPAIGN

PEELLE HALL

JONES HALL

OTHER _____ SCHOLARSHIP _____

PART 3

I/WE HEREBY AUTHORIZE THE AMOUNT ABOVE TO BE DEDICATED FROM THE ACCOUNT INDICATED. YOUR AUTHORIZATION TO AUTOMATICALLY CHARGE YOUR ACCOUNT HAS THE SAME EFFECT AS A PERSONALLY SIGNED CHECK TO ADRIAN COLLEGE. IT WILL ALLOW YOUR FINANCIAL INSTITUTION TO DEDUCT YOUR PLEDGE AMOUNT EACH MONTH.

UPON RECEIVING YOUR AUTHORIZATION FORM, WE WILL SEND A CONFIRMATION AND NOTIFICATION OF WHEN YOUR AUTOMATIC DEDUCTION WILL COMMENCE. A RECORD OF YOUR PAYMENT WILL BE INCLUDED IN YOUR BANK STATEMENT, AND AT YEAR-END, ADRIAN COLLEGE WILL PROVIDE YOU WITH A DETAILED REPORT OF YOUR MONTHLY GIFT FOR TAX PURPOSES. ALL INFORMATION YOU PROVIDE TO ADRIAN COLLEGE WILL BE KEPT IN STRICT CONFIDENCE. YOU MAY TERMINATE YOUR PARTICIPATION IN THE ELECTRONIC FUND TRANSFER PROGRAM AT ANY TIME. HOWEVER, WE ASK THAT YOU PROVIDE A WRITTEN NOTIFICATION TO ADRIAN COLLEGE.

SIGNATURE: _____ DATE: _____

***MAIL THIS FORM ALONG WITH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT TO:**

ADRIAN COLLEGE OFFICE OF DEVELOPMENT
110 SOUTH MADISON STREET, ADRIAN, MI 49221-2575