

EMORY UNIVERSITY
Electronic Funds Transfer (EFT) Authorization to Draft Account Form

Yes, I want to support Emory University through Electronic Funds Transfer. Enclosed is a voided check.

I hereby authorize Emory University to issue drafts against my (our) bank account in the amount of \$_____ per month. Minimum draft is \$5 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 _____ 20,_____, and to continue to process drafts in the above amount (circle one): (1) until _____ 20,_____. or (2) until notified.

Type or Print Name_____

Account Name_____

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 VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM AND
SEND IT TO:**

Office of Alumni and Development Records
ATTN: Electronic Funds Transfer Administrator
809 Gatewood Road
Atlanta, GA 30322-1710