

UNIVERSITY *of* PUGET SOUND

Est. 1888

Office of University Relations Information Services

1500 North Warner Street

Tacoma, WA 98416-1067

(253) 879-2662

Thank you for inquiring about our Electronic Funds Transfer charitable contribution program. By completing and returning this form, you will be on your way to establishing an easier and less costly way of making your gift to Puget Sound. This notification to draft your will remain in effect until we have received written notification from you of its termination, and the University of Puget Sound has had reasonable opportunity to act on it. Your monthly bank statement will identify this draft when it occurs.

You should anticipate the first draft approximately 30-45 days after we have received your authorization.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) hereby authorize the University of Puget Sound to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP _____ ACCOUNT TYPE: Checking Savings

TRANSMIT/ABA NO. _____

ACCOUNT NO. _____

AMOUNT TO DEBIT PER MONTH \$ _____

DATE OF DEBIT: The _____ of each month.

(Every effort will be made to debit the account as close to this date as possible)

DESIGNATION OF GIFT: _____

This authority to remain in full force and effect until the University of Puget Sound has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the University of Puget Sound a reasonable opportunity to act on it.

NAME(S) _____ PHONE # _____
(PLEASE PRINT)

DATE _____ SIGNED X _____ SIGNED X _____
