



**Electronic Gift Transfer Authorization Form**

First/Middle/Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Florida Atlantic University Foundation to initiate debit entries to my account as indicated below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deduct my gifts from (check one):  Checking Account  Savings Account

Financial Institution: \_\_\_\_\_

Street Address/Branch Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE ENCLOSE A DEPOSIT SLIP OR VOIDED CHECK BEARING THE ACCOUNT NUMBER OF THE CHECKING OR SAVINGS ACCOUNT INDICATED ABOVE.**

I wish to make monthly payments of \$\_\_\_\_\_ (\$10 minimum) posting to my account on the:

1<sup>st</sup> of the month  15<sup>th</sup> of the month

Check one:

Until my gift equals \$\_\_\_\_\_ Or  Until further notification

Or For a period of  6 months  12 months  24 months  36 months

My gift is (check one):

Unrestricted  Designated for the following purpose: \_\_\_\_\_

Joint Gift with: First/Middle/Last Name: \_\_\_\_\_

**IMPORTANT**

**The Florida Atlantic University Foundation needs written notification from you to change the amount or frequency of payments or to cancel this gift arrangement. For your security, we cannot accept changes online, by email or by telephone. Please call 561.297.6144 with questions.**