

Electronic Funds Transfer (EFT)

A U T H O R I Z A T I O N



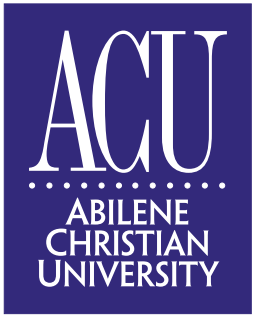
HOW DO YOU USE AN ELECTRONIC FUNDS TRANSFER AUTHORIZATION?

Regular giving is more convenient with **Electronic Funds Transfer (EFT)**. It is a document authorizing ACU to draw upon your account on a monthly basis to fulfill your pledge. Authorizations involve the following steps:

1. Be sure that every blank on the following page is completed.
2. Use your signature as you do on your checking account.
3. Return your authorization, pledge card and a **voided blank check*** to ACU.
4. Your EFT Authorization will be recorded by the university.
5. Each month a draft will be made electronically on your account by ACU.
6. Your bank will deduct the amount of the draft from your account.

To make future inquiries about your EFT Authorization:

Call **325-674-2612** or email us at acugifts@acu.edu.



Please designate my gift to:

ANNUAL SUPPORT

- Annual Fund
Hope for the Future Scholarships
Science-Math Research
Bible Scholarships
Missions Seminar Scholarships
Wildcat Annual Fund (athletics)
Other
Where needed most
I would like for someone from the university to contact me.

MATCHING GIFTS

- My employer, will match my gift.

Questions? Contact Gift Records at 325-674-2612, toll-free at 888-414-4228, or by email at acugifts@acu.edu

MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I (We) hereby authorize Abilene Christian University to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Abilene Christian University is notified by me (us) in writing to cancel it in such time as to afford ACU and the financial institution a reasonable opportunity to act on it. Until further notice, this will authorize you to honor a draft on my account by Abilene Christian University around the 5th or 20th day of each month

IN THE AMOUNT OF \$ PER MONTH.

TO
NAME OF BANK OR FINANCIAL INSTITUTION
ADDRESS OF BANK/FINANCIAL INSTITUTION - BRANCH
CITY STATE ZIP
CHECKING SAVINGS ACCOUNT NUMBER
FINANCIAL INSTITUTION ROUTING NUMBER

FROM
YOUR PRINTED NAME AS IT APPEARS ON ACCOUNT
ADDRESS
CITY STATE ZIP
DAYTIME PHONE EMAIL
SIGNATURE DATE

