

Electronic Funds Transfer (EFT) Form

Make a gift to UNT and help make dreams come true



Advancement Services | 1155 Union Circle #311250 | Denton, TX 76203-5017
800.868.1153 | 940.565.2900 | Fax 940.565.4519 | alumnirecords@unt.edu

Print this form, complete it and mail with a **VOIDED CHECK** to the address above. Thank you for your gift!

NAME

First name _____
Middle name _____
Last name _____
Maiden name *(if applicable)* _____

E-MAIL

E-mail address _____

ADDRESS

Home address _____
Apt. _____
City _____
State _____ ZIP Code _____
Home phone _____

My home address is my preferred mailing address.

Employer name _____
Business address _____
Suite _____
City _____
State _____ ZIP Code _____

Title/position _____

Business Phone _____ Ext. _____

My business address is my preferred mailing address.

GIFT

Total gift:

\$1000 \$500 \$100 \$50 \$ _____

Joint gift with spouse/partner *(full name)*:

My company will match my gift.

(Please complete your company's form and send to the address above.)

Designate this gift each month as follows:

\$ _____ Unrestricted gift

\$ _____ Scholarships

\$ _____ Libraries

\$ _____ Athletics

\$ _____ School/College/program: _____

\$ _____ Other: _____

AUTHORIZATION AGREEMENT

Please begin bank draft withdrawals in the month of _____ in the year 20 ____.

My **MONTHLY** contribution to UNT will be \$ _____ for a **YEARLY TOTAL** amount of \$ _____.

Bank name _____

Bank address _____

City _____ State _____ Zip _____

Account number _____ Routing number _____

I/We hereby authorize UNT to initiate debit entries to the account indicated on the voided check. These debits will be made monthly as indicated on this form, and can be made by means available to the financial institution, including the electronic transfer of the funds involved. This authority is to remain in full force and effect until I/we request an increase in or removal from the program by contacting the University of North Texas Division of Advancement in writing. I/We understand that the written request for any changes must be received by Advancement by the 15th of the month prior to the next month's transaction.

Signature _____ Date _____