



## ELECTRONIC FUNDS TRANSFER

### Part 1

Name: \_\_\_\_\_

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

By providing an e-mail address I authorize Adrian to send me periodic updates and information.

### Part 2

Please deduct \$\_\_\_\_\_ each month for \_\_\_\_\_ years.

-OR-

Please deduct \$\_\_\_\_\_ per month until written notice is received.

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

Account Number: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Type:  Savings  Checking

I/we wish to designate the gift to:

Renaissance Campaign  Pave the Way/Name a Brick Campaign  AC Fund

Other \_\_\_\_\_  Scholarship \_\_\_\_\_

### Part 3

I/we hereby authorize the amount below to be dedicated from the account indicated. Your authorization to automatically charge your account has the same effect as a personally signed check to Adrian College. It will allow your financial institution to deduct your pledge amount each month.

Upon receiving your authorization form, we will send a confirmation and notification of when your automatic deduction will commence. A record of your payment will be included in your bank statement, and at year-end, Adrian College will provide you with a detailed report of your monthly gift for tax purposes. All information you provide to Adrian College will be kept in strict confidence. You may terminate your participation in the electronic fund transfer program at any time. However, we ask that you provide a written notification to Adrian College.

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

**Mail this form along with a voided check or savings account deposit form to:**

Adrian College  
Office of Development  
110 South Madison Street  
Adrian, MI 49221-2575