

Gonzaga University



Office of University Relations
502 East Boone Avenue, AD Box 98
Spokane, WA 99258-0098
(509) 313-5994 giftinfo@gonzaga.edu

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 Gonzaga. This notification to draft your account on or about the 1st of each month will remain in effect until we have received notification from you of its termination, and Gonzaga has had reasonable opportunity to act on it. Your monthly bank statement will adequately describe 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 Gonzaga University 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 _____ PHONE _____
TRANSMIT/ABA NO. (Omit if uncertain) _____ ACCOUNT NO. _____

AMOUNT TO DEBIT PER MONTH:
(The debit will occur on or about the 1st of each month)

- \$10.00 (\$120/year)
- \$25.00 (\$300/year)
- \$50.00 (\$600/year)
- \$125 (\$1,500/year)
- Other _____

PLEASE DESIGNATE MY GIFT TO THE FOLLOWING:

- Scholarships (greatest need)
- Great Teachers Program (unrestricted)
- Alumni Association Scholarship
- Other _____

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

NAME _____ PHONE NO. _____ DATE _____
(PLEASE PRINT)
SPS. NAME _____ EMAIL _____
(if needed) (PLEASE PRINT) HOME BUSINESS
SIGNED X _____ SIGNED X _____

PLEASE ATTACH VOIDED CHECK

