

Take Advantage of Giving by Bank Draft!

Consider the benefits:

- Payments are automatic, for however long you specify.
- No more writing and mailing checks.
- Plans are flexible to fit your giving intentions.
- You'll receive a receipt for each tax-deductible gift, and the withdrawal will show on your monthly bank statement.
- Your decision to use EFT will demonstrate your commitment to WU over a period of months or years.

Information is secure and confidential:

- Fully complete the authorization below and **include your signature**.
- Include the **name and telephone number of your bank**.
- If your gifts will come from your **checking account**, **enclose a voided check**.
- If your gifts will come from your **savings account**, **include the bank routing number and your savings account number**.

Frequently Asked Questions:

- *Are there any restrictions on gift amount?*
- The minimum gift is **\$10** — there is no maximum gift.
- *Can I change my gift amount or designation?*
- Yes. Just write or e-mail our gift records office.
- Allow approximately three weeks for changes.
- *Can I increase my gift each year?*
- Yes. Just check the “anniversary increase” box and enter an amount on the form below.
- *Will my employer match my bank draft gifts?*
- Yes, if you or your spouse work for a company with a matching gift program and you request it. Please contact your personnel office for details.

Bank Draft Giving Authorization:

*I hereby authorize and request the Winthrop University Foundation and my financial institution to automatically withdraw the amount shown below from the account I have designated. I understand that the amount is to be no less than **\$10** and that it will be withdrawn on the day of the month and for the duration of time I have specified below. I understand that I can change or terminate the authorization at any time. I also understand that the Winthrop University Foundation and my financial institution have the right to terminate the agreement at any time. If I choose to change or terminate this authorization, I will immediately notify Winthrop University Foundation in writing.*

Personal Information

Name _____
Street Address _____
City _____ State _____ ZIP _____ Check if this is a new address _____
Home Phone () _____ Work Phone () _____ E-mail _____
Signature Date _____
(Signature must match name on voided check)

Account Information

Name of Bank _____

Street Address _____

City _____ State _____ ZIP _____

Bank Phone () _____

Checking Account Deduction: Attach voided check

Savings Account Deduction: Account # _____ Bank Routing # _____

Amount of Gift: \$ _____

monthly, to be withdrawn **twelve times** per year

quarterly, to be withdrawn **four times** per year

semi-annually, to be withdrawn **two times** per year

annually, to be withdrawn **one time** per year

on the: **4th day** **19th day** of the month. Withdrawals begin on this schedule four to six weeks after receipt of authorization.

Duration of Agreement:

month(s)

year(s)

until I terminate the agreement

Gift Designation(s) (note either dollar amount or percent of gift):

Annual Fund \$ _____ *OR* _____ %

_____ \$ _____ *OR* _____ %

_____ \$ _____ *OR* _____ %

Anniversary Increase:

Increase each EFT transaction on the anniversary date of the commitment:

yes (\$ _____ per year *OR* _____ % per year)

no

Receipt Frequency:

I want to receive a receipt for my EFT gift:

once a year after each gift

For your records:

\$ _____ is to be withdrawn

monthly semi-annually quarterly annually

For the next

month(s) year(s) indefinitely

Gift designation(s): _____

Anniversary increase?

Yes No \$ _____

Matching gift submitted? Yes No

