ELECTRONIC FUNDS TRANSFER FORM

The Electronic Funds Transfer Program offers a convenient way to have your gift automatically transferred from your bank account to the University of Houston each month.

Complete this authorization form, print it, sign it, and mail it with a voided check to: Donor and Alumni Records, University of Houston, P.O. Box 867, Houston, Texas 77001-0867. Please make a copy for your records.

A record of each charge appears on your regular bank statement, and you receive an official charitable tax receipt from UH, including all your donations made in the calendar year. Anticipate the first draft 30 to 45 days after we have received your authorization.

Gift Information

I'd like to use Electronic Funds Transfer to support the following college, department or program.

- Blaffer Gallery
- C.T. Bauer College of Business
- College of Liberal Arts and Social Sciences
- College of Natural Sciences and Mathematics
- College of Optometry
- College of Pharmacy
- College of Technology
- Conrad N. Hilton College of Hotel and Restaurant Mgmt.
- Cullen College of Engineering
- Gerald D. Hines College of Architecture
- Graduate College of Social Work
- The Honors College
- UH Law Center
- KUHF
- KUHT
- Moores School of Music
- Student scholarship funds (HC-17009RN)
- President's Excellence Fund (HC-18736UA)

Matching Gift Company

My gift will be matched by

University of Houston System • Advancement Services • P.O. Box 867 • Houston, TX 77001-0867

www.uh.edu/giving
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Agreement for Pre-Authorized Drafts I (we) hereby authorize the University of Houston to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account. I (we) understand that the withdrawal from my (our) account will be on or about the 15th of each month.

Financial Information

* All financial information is required.

Financial Institution: ____________________________

Branch: ____________________________

City: ____________________________

State: ____________________________

Zip: ____________________________
(9 Digit Routing Number) ____________________________

Account Number: ____________________________

Type of Account: □ Checking □ Savings

Amount of Debit Per Month: $ __________

Start Date: __________ mm/dd/yyyy

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

Contact Information

Name(s): ____________________________

Home Phone: ____________________________

Business Phone: ____________________________

Signature: ____________________________ Date: __________

Signature: ____________________________ Date: __________