

UNIVERSITY *of* HOUSTON

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.

- | | |
|---|---|
| <input type="checkbox"/> Blaffer Gallery | <input type="checkbox"/> Gerald D. Hines College of Architecture |
| <input type="checkbox"/> C.T. Bauer College of Business | <input type="checkbox"/> Graduate College of Social Work |
| <input type="checkbox"/> College of Liberal Arts and Social Sciences | <input type="checkbox"/> The Honors College |
| <input type="checkbox"/> College of Natural Sciences and Mathematics | <input type="checkbox"/> UH Law Center |
| <input type="checkbox"/> College of Optometry | <input type="checkbox"/> KUHF |
| <input type="checkbox"/> College of Pharmacy | <input type="checkbox"/> KUHT |
| <input type="checkbox"/> College of Technology | <input type="checkbox"/> Moores School of Music |
| <input type="checkbox"/> Conrad N. Hilton College of Hotel and Restaurant Mgmt. | <input type="checkbox"/> Student scholarship funds (HC-17009RN) |
| <input type="checkbox"/> Cullen College of Engineering | <input type="checkbox"/> 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: _____