

Electronic Debit Form

The Electronic Debit 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 and then print, sign and mail it with a voided check to:

University of Houston, Donor and Alumni Records, P.O. Box 867, Houston, Texas 77001-0867. Please make a copy for your records.

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

Gift Information

I'd like to use electronic debit to support the following college, department or program.

- Gerald D. Hines College of Architecture (HC36137RA)
- C.T. Bauer College of Business (HC36137RA1)
- College of Education (HC36137RA2)
- Cullen College of Engineering (HC12320RA)
- Graduate College of Social Work (HC36137RA18)
- The Honors College (HC17020RA)
- Conrad N. Hilton College of Hotel and Restaurant Management (HC36137RA17)
- UH Law Center (LAW AFRA)
- College of Liberal Arts and Social Sciences (HC36137RA8)
- College of Natural Sciences and Mathematics (HC36137RA11)
- College of Optometry (HC17659RA)
- College of Pharmacy (HC17574RA)
- College of Technology (HC36137RA19)
- Cougar Pride Athletics (HC30147RA)
- UH General Student Scholarships (HC17009RA1)
- Cougar Community UH TierOne Scholarship Endowment (HE47331RN)
- The Fund for UH/Unrestricted (HC36137UA)
- University Libraries (HC13075RA)
- Other School of Nursing
(Please provide program name or description.)

Matching Gift Company

My gift will be matched by: _____

Electronic Debit Form

Agreement for Pre-Authorized Debits: I (we) hereby authorize the University of Houston to initiate an ACH debit 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 take place on the same day each month and choose the ____ as the day for this regular transaction to occur.

Financial Information

* All financial information is required.

First Name on Check: _____

Last Name on Check: _____

Routing Transit Number: _____

Account Number: _____

Type of Account: ____ Checking ____ Savings

Amount to be Debited Each Month: _____
(Please be aware there is a \$5 per month minimum for all electronic debit transactions.)

Address: _____

City: _____ State: _____ ZIP: _____

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.

Other Contact Information

Home Phone: _____ Business Phone: _____

Email Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

For any questions or concerns, please contact the UH Office of Annual Giving by calling (713) 743-4708 or emailing annualgiving@uh.edu.