



AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Day Phone: _____

E-mail: _____

I hereby authorize Houghton College to initiate debit entries to my checking or savings account as indicated.

Date: _____ Your signature: _____

Deduct my gifts from my (check one)

Checking (enclose a VOIDED check) Savings account (enclose a deposit slip)

At the following institution: _____

Name of branch and address: _____

Please make my monthly transfer on/about: 5th of each month 20th of each month

Amount of gift per month: \$ _____

Month to begin transfers: _____

Credit the following fund: _____

A consolidated receipt will be sent at calendar year end.

For more information call: Office of Advancement, 585-567-9340 or email advancement@houghton.edu.