



**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:  5<sup>th</sup> of each month       20<sup>th</sup> 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](mailto:advancement@houghton.edu).