



**HOUGHTON
COLLEGE**

**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: Caleb Smith, Gift Accountant, 585-567-9545
or email caleb.smith@houghton.edu