



# AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Houghton University 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 CONTACT:**

Office of Advancement

Phone: 585-567-9340

Email: [advancement@houghton.edu](mailto:advancement@houghton.edu)