

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

| 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: \$ | Name: | | |
|---|--|--------------------------|--------------------|
| 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: | Address: | | |
| Home Phone: Day Phone: Email: I hereby authorize Houghton University to initiate debit entries to my checking or savings account as indicated: Date: | City/State/Zip: | | |
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| Month to begin transfers: Credit the following fund: | Please make my monthly transfer on/about: | 5th of each month | 20th of each month |
| Credit the following fund: | Amount of gift per month: \$ | | |
| | Month to begin transfers: | | |
| A consolidated receipt will be contratical and ar year and | Credit the following fund: | | |
| | A consolidated receipt will be contact enlands | ryearand | |

FOR MORE INFORMATION CONTACT:

Office of Advancement

Phone: 585-567-9340

Email: advancement@houghton.edu