ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Please print this form, fill it out, and mail it with a voided check to:

The University of Iowa Center for Advancement Gift Accounting Department P.O. Box 4550 Iowa City, Iowa 52244-4550

Phone: 319-335-3305 or 800-648-6973

Note: Your payment will be deducted from your checking account on the 5th of each month.

PERSONAL INFORMATION			
Legal name:			
Home address:			
City:	State:	ZIP:	
Home phone:	Business phone:	Business phone:	
Home email:	Business email: _	Business email:	
Are you a UI graduate?			
GIFT INFORMATION (2018ATWA)			
I authorize the University of Iowa Center for Adva	ncement to deduct from my b	ank account:	
\$per month. Please de	signate my contribution to the:		
☐ I-Club Fund (30-401-640) Note: Your contribution will NOT be tax de	eductible but will provide you v	with I-Club recognition.	
	ductible but will NOT provide	you with I-Club recognition.	
☐ Iowa Scholarship Fund (30-401-556) Note: Your contribution will be fully tax de	ductible but will NOT provide	you with I-Club recognition.	
BANK INFORMATION			
Your financial institution:			
City:	State:		
Financial institution's routing number:			
(Nine-dig	git sequence of numbers at the bottom	of your check)	
Checking account number:			
Important: Please enclose a voided check (not	t a deposit slip) for account v	verification.	
AUTHORIZATION			
I hereby authorize the University of Iowa Center for of the following month and continuing each mont for Advancement and my financial institution rese in effect until revoked by me in writing.	h thereafter. I understand that	both the University of Iowa Center	
Signature:	Date	e:	