

EFT Enrollment

Donor Name:Advance ID (office use only):				
Street Line 2:				
City:	State:	z	ip Code:	
Gift Amount	Fund (# or n	ame)	Frequency	Withdrawal Date
			Monthly	5 th of the month
			Quarterly	or
			Annually	20 th of the month
			Monthly	5 th of the month
			Quarterly	or 20 th of the month
			Annually	
			Monthly	5 th of the month or
			Quarterly Annually	20 th of the month
Duration (select one): on-	going set # of payn	nents		
	# of payments:		e:	
Purpose: new authoriza	ation change donation amount	on change a number	hange account cancel established donation	
Additional Instructions:				
hereby authorize the University of described above. I understand that hext payment. I understand that be	it I have the right to stop paym	ents with written noti	fication sent 20 d	lays prior to the date of my
Donor Signature:		Date:		
Please send a check t	to be used as your first	payment and to	initiate subs	sequent transfers
Please mail all corresponden	•	egon Foundation		

EFT Enrollment Rev Date 8/30/2022 1720 E. 13th Avenue, Suite 410, Eugene, OR 97403-2253 T 541.302.0337 giftservicesdept@uofoundation.org

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Gift Services