



UNIVERSITY OF OREGON
FOUNDATION

EFT Enrollment

Please do **NOT** send routing numbers, account numbers, or check copies by email. Receipts are issued annually at the close of the calendar year.

Donor Name: _____ Email: _____

Advance ID (office use only): _____ Phone: _____

Address:

Street Line 1: _____

Street Line 2: _____

City: _____ State: _____ Zip Code: _____

Gift Amount	Fund (# or name)	Frequency	Withdrawal Date
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> 5 th of the month or <input type="checkbox"/> 20 th of the month
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> 5 th of the month or <input type="checkbox"/> 20 th of the month
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> 5 th of the month or <input type="checkbox"/> 20 th of the month

Duration (select one): on-going set # of payments
 # of payments: _____ start date: _____

Purpose: new authorization change donation amount change account number cancel established donation

Additional Instructions: _____

I hereby authorize the University of Oregon Foundation (UOF) to deduct from my checking account for the frequency and duration described above. I understand that I have the right to stop payments with written notification sent 20 days prior to the date of my next payment. I understand that both my financial institution and/or UOF reserve the right to terminate my payment plan.

Donor Signature: _____ Date: _____

Please send a check to be used as your first payment and to initiate subsequent transfers.

Please mail all correspondence to: University of Oregon Foundation
 Gift Services
 1720 E. 13th Avenue, Suite 410
 Eugene, OR 97403-2253