

**EMORY UNIVERSITY**  
**Electronic Funds Transfer (EFT) Authorization to Draft Account Form**

**Yes**, I want to support Emory University through Electronic Funds Transfer. Enclosed is a voided check.

I hereby authorize Emory University to issue drafts against my (our) bank account in the amount of \$\_\_\_\_\_ per month. Minimum draft is \$5 per month.

You should anticipate the first draft approximately 30 days after we have received your authorization. Emory University is further authorized to begin processing drafts against my (our) account on \_\_\_\_\_ 20,\_\_\_\_\_, and to continue to process drafts in the above amount (circle one): (1) until \_\_\_\_\_ 20,\_\_\_\_\_. or (2) until notified.

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Type or Print Name\_\_\_\_\_

Account Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Daytime Phone Number\_\_\_\_\_

Financial Institution\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

Please designate my gift as follows\_\_\_\_\_

I am employed by \_\_\_\_\_, which will match my gift.

*This authority is to remain in full force and effect as outlined above until Emory University and Financial Institution have received written notification from me (or either of us) of its termination and have both had reasonable opportunity to act on it.*

**PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM AND  
SEND IT TO:**

Office of Gift Accounting  
Emory University  
ATTN: Electronic Funds Transfer Administrator  
1762 Clifton Road, Suite 1400  
MS: 0970-001-8AA  
Atlanta, GA 30322-4001