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.

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 VOIED CHECK OR DEPOSIT SLIP TO THIS FORM AND SEND IT TO:
Office of Gift Records
Emory University
ATTN: Electronic Funds Transfer Administrator
1762 Clifton Road, Suite 1400
MS: 0970-001-8AA
Atlanta, GA 30322-4001