

EFT AUTHORIZATION FORM

YES, I want to save time and money in supporting the University of Illinois through EFT.

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

BUSINESS PHONE

I authorize the University of Illinois Foundation to deduct from my checking or savings account until further notice as follows:

CHECKING ACCOUNT SAVINGS ACCOUNT

MONTHLY (minimum requirement \$10) QUARTERLY (minimum requirement \$25)

\$ _____

I designate that my gift be used by:

COLLEGE/DEPARTMENT/UNIT

My company, _____, will match my gift. I enclose my employer's matching gift form indicating the total amount of my gift.

I enclose a voided, unused check for identification of my bank and account numbers.

SIGNATURE

DATE

Please complete and return this form to:

University of Illinois Foundation
Cash Receipts
1305 W. Green St, MC 386
Urbana, IL 61801

p: 217-244-2706
e: cashdesk@uif.uillinois.edu

UNIVERSITY OF ILLINOIS
FOUNDATION



FOR YOUR RECORDS

AMOUNT AUTHORIZED:

- CHECKING ACCOUNT SAVINGS ACCOUNT
 MONTHLY (minimum requirement \$10) QUARTERLY (minimum requirement \$25)

\$ _____

The University of Illinois Foundation will receive your gifts on the 15th of each month. If quarterly, gifts are received on the 15th of March/June/September/December.

Your gifts will appear on your bank statement automatically. You will also receive a gift receipt at year-end from the U of I Foundation for your tax purposes.

To change the amount or designation of your gift, please email the change to uifcashdesk@mx.uillinois.edu.

A change of banks requires a new voided check for bank and account identification.

To cancel the EFT authorization, please notify the U of I Foundation, giving 15 days' notice.

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