

Electronic Funds Transfer (EFT) Authorization Form

By completing this form, you authorize the University of Baltimore Foundation, Inc. (UBF) to instruct your financial institution to make donations from the account of your choice. Complete this authorization form, attach a voided check, and return to the address listed below. For a savings account, provide the name of the financial institution, the account routing number, and the bank I.D. number.

Within the next two months, you will begin to see the deducted amount on your bank statement. The deductions will continue until you choose to cancel or change the amount of your monthly gift in writing with 30 days advanced notice.

Each January you will receive a statement from UBF showing the amount you have donated through our EFT program during the calendar year (January through December). Save that receipt for tax documentation.

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Phone N	Number:		
E-mail:			
Address	: <u> </u>		
City, St	ate Zip:		
Total ar	nount deducted bi-weekly/monthly/quarterly (ci	ircle one) \$ (\$10 minimum)	
Start da	te (mm/dd/yyyy)		
	esignation:		
	Fund for Excellence		
	Merrick School of Business Annual Giving Fu	ınd	
	School of Law Annual Giving Fund		
	☐ Yale Gordon College of Arts and Sciences Annual Giving Fund		
	College of Public Affairs Annual Giving Fund	l	
	Lansdale Library		
	Other:		
I author authoriz A recor	ration shall remain in effect until I notify UBF is	nt indicated from the stated account to UBF. This n writing that I wish to discontinue the transfer of funds. bank statement. I understand that I will receive an official	
Checl	kingSavings Account#:	Routing #:	
Signature of account holder (required)		Date	
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Please Return Form and Voided Check to: University of Baltimore Foundation 1130 N. Charles Street Baltimore, MD 21201 Attn: Gift Processing

Name: