



### ELECTRONIC FUNDS TRANSFER FORM

**Yes.** Please enroll me in The HBCU Foundation's Monthly Giving Fund.

I understand that my future gifts will be transferred automatically from my checking account OR my credit card account. (Deductions timed according to sign up date.)

I understand that a record of my gifts will appear on my bank **or** credit card statement and that I can increase, decrease or suspend giving at any time by sending a signed letter to The HBCU Foundation. See contact information below.

**FOR BANK ACCOUNT DEDUCTIONS:** Please enclose a "VOIDED" check or deposit slip. (Deductions will take place on approximately the 5th or the 20th of each month.)

**I authorize my bank to transfer monthly to The HBCU Foundation the amount below in accordance with the terms and conditions below:**

\$25  \$20  \$15  \$50  Other: \$ \_\_\_\_\_

**Yes. A check for my first gift is enclosed. Amount: \$ \_\_\_\_\_**

**FOR CREDIT CARD**

**DEDUCTIONS:** I authorize my credit card company to transfer monthly to The HBCU Foundation the amount below in accordance with the terms and conditions below:

\$25  \$20  \$15  \$50  Other: \$ \_\_\_\_\_

(Credit card deductions are timed according to the date of sign up.)

**Credit card**  Visa  MasterCard  Discover  Amex

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

(on back of card)

Name \_\_\_\_\_ Billing

Address \_\_\_\_\_ City, State,

Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-

mail \_\_\_\_\_

**Signature** \_\_\_\_\_

**REQUIRED for Checking Account OR Credit Card deductions**

**Date Signed** \_\_\_\_\_

**Check here if this gift is restricted.**

**Comments** \_\_\_\_\_

**TERMS AND CONDITIONS:** My authorization to charge my account at my bank will be the same as if I had personally signed a check to The HBCU Foundation. This authorization will remain in effect until I notify my bank or The HBCU Foundation in writing that I wish to end this agreement and my bank or The HBCU Foundation has had a reasonable time to act upon it. A record of each charge will be included in my regular bank statement and will serve as my receipt.

**The HBCU Foundation - Individual and Planned Giving Department  
750 Cross Pointe Rd. Suite Q, Columbus, Ohio 43230  
(800) 871-4228**