

University of Nevada, Reno Foundation

127 Mackay Science/162 Reno, Nevada 89557-0162 (775) 784-1587 phone • (775) 784-1957 fax Email: giving@unr.edu Tax Identification No. (TIN): 94-2781749

Electronic Funds Transfer Authorization Form

Thank you for inquiring about our Electronic Funds Transfer (EFT) charitable contribution program. By completing and returning this form, you will be on your way to establishing an easier and less costly way of making your gift to University of Nevada, Reno Foundation. This notification to draft your account on or about the 1st of each month will remain in effect until we have received written notification from you of its termination, and the University of Nevada, Reno Foundation has had a reasonable opportunity to act upon your request. Your monthly bank statement will describe this draft when it occurs.

Contact Information

You should anticipate the first draft approximately 30-45 days after we have received your authorization.

INGII	E.[
Addre	ss:							
City, State, Z	p:							
Home Phor	e:							
Email Addre	ss:							
AUTHORIZATION FOR PRE I (we) hereby authorize the University of Nevada, R the financial institution named below, to debit the sa Financial Institution/Branch: Address: City, State, Zip: Transmit/ABA No:	eno Foundation t	o initiate deb			ur) bank :	account is	ndicated bel	low and
Account Number:								
Account Type: Check Check the amount to debit PER MONTH or		avings er amount:					drawn from	
☐ Fund for Excellence - 212129		○ \$5	○ \$10	○\$15	○ \$20	○ \$25	Other	
Dean's Host Account - 210011							Other	
CLA Scholarship - 522100		() \$5					Other	
College of Liberal Arts General account - 210010		(\$5					Other	
Other - Please Specify		(\$5					Other	
This authority to remain in full force and effect unti (or either of us) of its termination in such time and i opportunity to act on it. Also, I authorize electronic adjustments to my (our) account.	n such manner as	to afford the	Universi	ty of Nev	ada, Rer	o Founda	ation a reaso	onable
Signature:				_ Date:				
Signature:				_ Date:				
	PLEASE ATTACE	VOIDED CHEC	K					