



# University of Nevada, Reno Foundation

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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.

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

### Contact Information

Name:

Address:

City, State, Zip:

Home Phone:

Email Address:

### AUTHORIZATION FOR PRE-AUTHORIZED FUNDS WITHDRAWAL

I (we) hereby authorize the University of Nevada, Reno Foundation to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

Financial Institution/Branch:

Address:

City, State, Zip:

Transmit/ABA No:

Account Number:

Account Type:  Checking  Savings (Select one account for gift to be drawn from)

Check the amount to debit PER MONTH or specify another amount: (Will occur on or about the 1st of each month)

- College of Science General Fund - 310112  \$5  \$10  \$15  \$20  \$25  Other
- College of Science General Scholarship - 593145  \$5  \$10  \$15  \$20  \$25  Other
- Academic Interest  \$5  \$10  \$15  \$20  \$25  Other \_\_\_\_\_

This authority to remain in full force and effect until the University of Nevada, Reno Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the University of Nevada, Reno Foundation a reasonable opportunity to act on it. Also, I authorize electronic adjustments to be made to correct any errors which may occur regarding withdrawals or adjustments to my (our) account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK