



EAST TENNESSEE STATE UNIVERSITY

Electronic Funds Transfer (EFT) Authorization Form

Please print this form, fill it out in ink, and mail it with a voided check to:

East Tennessee State University
Advancement Services
PO Box 70721
Johnson City, TN 37614

Questions? Call 423-439-4242

NOTE: Your donations will be deducted from your account on or about the **5th of each month.**

Personal Information

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone: _____
Home e-mail: _____ Work e-mail: _____
Are you an ETSU graduate? ☐ Yes ☐ No Degree(s) _____ Graduation Year(s) _____

Gift Information

I authorize the ETSU Foundation to deduct from my checking account \$_____ (\$10 min.)

☐ monthly on or about the 5th ☐ quarterly (around the 5th of Apr/Jul/Oct/Jan) ☐ yearly (specify month): _____

Debits should continue ☐ until notified to stop **OR** ☐ until _____ (date)

** If you are interested in using a savings account instead, please contact us at 423-439-4242 or gifts@etsu.edu*

Please designate my gift to: ☐ ETSU Annual Fund (top current-year priorities)
☐ Other (please specify): _____

☐ My employer will match my gift (form attached). See if your company matches at www.matchinggifts.com/etsu

Bank Information

Your financial institution: _____
City: _____ State: _____
Routing #: _____ Account #: _____

Important: please include a voided check (not a deposit slip) for account verification.

Authorization

I hereby authorize East Tennessee State University and the ETSU Foundation to initiate recurring debits beginning on the 5th day of the following month and continuing at each interval selected thereafter. I understand that ETSU, the ETSU Foundation, and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until the date shown above or until revoked in writing.

Signature: _____ Date: _____