

# UNIVERSITY AT BUFFALO

## Authorization for Automated Electronic Funds Transfers (EFT) For a Gift to Support UB

I will make a gift in support of the University at Buffalo, through Electronic Funds Transfers (EFT)

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
( Home  Business)

Phone: ( ) \_\_\_\_\_ (Res.)

( ) \_\_\_\_\_ (Office)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize the University at Buffalo Foundation to initiate debit entries to my: (select one)

- ( ) Checking Account - please attach a voided check
- ( ) Savings Account - please attach a savings account deposit slip

This authorization is to remain in effect until I provide written notice of its termination at least thirty (30) days prior to the effective date of the termination.

EFTs are established for continuous giving. Unfortunately, this payment method cannot be offered for one-time donations.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_ per month (\$5 minimum)

Gift purpose:

The area of greatest need (or)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_

\_\_\_\_\_  
(Date)

Return to:

Ms. Cindy Johannes  
University at Buffalo  
Office of University Development  
Center for Tomorrow

Box 900  
Buffalo, New York 14226-0900  
Telephone: (716) 645-3013  
Fax: (716) 645-3475