



Giving to UB



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 _____

Address Home Business _____

City _____ State _____ Zip _____

Phone (Residential) _____ Phone (Office) _____

I hereby authorize the University at Buffalo Foundation, Inc. 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 Other: _____

Signature _____ Date _____