

YOUR GIFT
matters.



University at Buffalo – Electronic Funds Transfer (EFT) Giving Form

Personal Information

First Name*	Middle Name	Last Name*
E-mail*	Telephone (Area Code)*	
Street 1*	Street 2	
City*	State or Province*	Zip or Postal Code

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 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: UB Fund Department, program or fund name: _____

Signature _____

*Required