



ELECTRONIC FUNDS TRANSFER INFORMATION

To set up your electronic funds transfer, please complete the information below and return to:

Vanderbilt University
Gift and Donor Services
PMB 407727
2301 Vanderbilt Place
Nashville, TN 37240-7727

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

I (we) authorize Vanderbilt and the financial institution named below to electronically charge my (our):

☐ checking ☐ savings account specified below:

Account number: _____

Routing number: _____

Bank name: _____

City: _____ State: _____ ZIP code: _____

Day of month: ☐ 3rd banking day ☐ 12th banking day

I authorize \$ _____ per month/quarter for a total of \$ _____ per year.

Frequency: ☐ Monthly ☐ Quarterly (January, April, July and October)

Date plan to commence _____ Month _____ Year

Designation _____

It is understood this agreement may be terminated by me (either of us) at any time by written notification to Vanderbilt University. Any such notification to the university shall be effective only with respect to entries initiated by the university after receipt of such notification and a reasonable opportunity to act on it.

AUTHORIZING PARTY (PLEASE PRINT)

AUTHORIZING PARTY (PLEASE PRINT)

Signature

Date

Signature

Date

Thank you for your support of Vanderbilt University.