

# ELECTRONIC FUNDS TRANSFER (AUTOMATIC BANK DRAFT) AUTHORIZATION FORM



Please read the following important information concerning your automatic bank draft.

- Anyone is eligible to participate at any time.
- Drafts may be deducted from checking or savings accounts.
- Simply complete and sign this authorization form and return it to UTFI Advancement Services along with a voided check from your bank account. Authorization must be received by the 15<sup>th</sup> day of the month in order to begin deductions the next month.
- Debit transmissions are sent to the bank between 10<sup>th</sup> and the 20<sup>th</sup> day of each month. The deduction will be made from your account during this time. Your bank statement will reflect the date and amount of your deduction.
- Your bank statement also should indicate where the payment was sent.
- You may terminate this service anytime by written notification to UTFI Advancement Services.

### Pledge/Banking Information (PLEASE PRINT) All fields, except email address, are required.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Total Gift Per Year: \$ \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

#### Please select one of the following:

- Sign me up for an Evergreen pledge to renew annually until I request in writing that it stop
- I would like to make this lump sum pledge in monthly installments, ending the following month/ year: \_\_\_\_\_

*Please note: Installment payments on a lump sum pledge are different than Evergreen pledges. For more information, please contact WUOT Membership/Outreach Coordinator Jeff Taylor at (865) 974-9558 or [jtayl184@utk.edu](mailto:jtayl184@utk.edu)*

I authorize the University of Tennessee Foundation, Inc. (UTFI)/WUOT to deduct my monthly pledge of \$ \_\_\_\_\_ from my checking/savings account, to make that amount payable to UTFI and to credit that amount to my pledge. In making this authorization, I agree to the following terms: I authorize UTFI/WUOT to pay my monthly pledge and to deduct each payment from my checking or savings account. I agree that each payment shall be the same as if it were a check personally signed by me. This authority is to remain in effect until revoked by me in writing or until the pledge is completed and/or renewed per my instructions above. I have the right to stop a payment or a draft by timely written notification to UTFI Advancement Services prior to charging my account. I understand, however, that both my financial institution and/or UTFI/WUOT reserve the right to terminate this payment plan (or my participation therein).

Signature (as shown on bank records): \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM.

Please complete and sign this form, and return it with your voided check to:

UTFI Advancement Services  
B022-A Conference Center  
600 Henley Street  
Knoxville, TN 37996-4103

Phone: 865-974-0381  
FAX: 865-974-4250