



RECURRING CREDIT CARD AUTHORIZATION FORM

Please read the following important information concerning your recurring credit card charges.

Complete and sign this form and return it to:

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

- Anyone with a VISA, MasterCard, or Discover account is eligible to participate at any time.
- This form serves as payment authorization; charges will start in the month in which your form is processed unless you specify a different start date.
- Credit card charges are conducted on the 8th of each month. The charge will be made to your credit card at this time and will continue until you request in writing that it stop.
- Your credit card statement will reflect the date and amount of your deduction. You also will receive an official receipt via email or hard copy after each payment.

Credit Card Information (PLEASE PRINT)
All fields, except email address, are required.

Name: _____ Home Phone: _____

Address: _____ Daytime Phone: _____

_____ Email: _____

Credit Card Number: _____ Card Expiration Date: _____

3-Digit Code on Back of Card: _____ Total Gift Per Year: \$ _____

Gift Paid Monthly \$ _____ every month Quarterly \$ _____ every quarter
 Semi-Annual \$ _____ every _____ months Annually

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 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 jtay184@utk.edu.

I authorize the University of Tennessee Foundation, Inc. (UTFI)/WUOT to charge \$ _____ (total for year) in the method indicated above to my credit card and to credit that amount to my pledge. In making this authorization, I agree to the following terms: I authorize the UTFI/WUOT to charge each recurring payment until revoked by me in writing unless otherwise stated above. This authority is to remain in effect until revoked by me in writing or until the pledge is completed. In addition, I have the right to stop a payment by timely written notification to UTFI Advancement Services at the above address 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 card): _____ **Date:** _____

If you have any questions, please contact Laura Coffey, Advancement Services, at 865-974-6374 or lcoffey4@utk.edu.