



Authorization Agreement for  
**Electronic Fund Transfers (EFT)**

Please complete each section, **attach a voided check or deposit slip** and submit form to:

Westminster College  
Office of Development  
501 Westminster Avenue  
Fulton, Missouri 65251

### Gift Information

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I/We hereby authorize Westminster College to initiate debit entries as indicated below. I/We acknowledge that the organization of EFT transactions to my/our account must comply with the provisions of U.S. Law.

Gift Designation: \_\_\_\_\_

Option 1: Transfer \$ \_\_\_\_\_ on the 15<sup>th</sup> of each month for \_\_\_\_\_ months\*

**OR**

Option 2: Transfer \$ \_\_\_\_\_ on the 15<sup>th</sup> of each month until further notice\*  
*(maximum of 60 months)*

### Transfer Form

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Bank Name: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  
*First series of numbers on the bottom of your check*      *Second series of numbers on the bottom of your check*

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This authority is to remain in effect for the time period identified above\* or until Westminster College receives written notification of termination from me (or either of us).

A record of each transaction will appear on your regular bank statement.

I understand that at the end of each calendar year, an official College receipt will be sent to my home address documenting this gift.

Donor Name: \_\_\_\_\_ Donor Name: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

*To show appreciation for donor's support, we publish names only in a fiscal year donor honor roll.  
Please contact us at 573/592-5370 if you do not want your name listed.*