



**EFT (Electronic Funds Transfer) AUTHORIZATION FORM**

Yes, I would like to make a sustainable gift to ASU with a monthly contribution of \$ \_\_\_\_\_  
(\$5 minimum)

Begin Monthly Deduction effective: \_\_\_\_\_  
Month Year

I would like my gift to support:

- The University Fund (ASU's greatest needs)
- Athletics
- College of Business
- College of Education
- College of Liberal and Fine Arts
- College of Sciences
- Porter Henderson Library
- Graduate School
- Other: \_\_\_\_\_

*If selecting more than one designation, the total gift will be split evenly unless indicated in the comments section of this form.*

My employer, \_\_\_\_\_, is a Matching Gift Company.

With EFT, your annual gift to Angelo State University will be spread over 12 monthly payments. By completing this form, you authorize the Angelo State University Foundation to instruct your financial institution to make gift payments from the account of your choice. Simply,

- 1) Complete this authorization form for withdrawal from your account.
- 2) **Attach a voided check or pre-printed deposit slip.**
- 3) Return to the address listed below.

The gift will be deducted from your account around the 10<sup>th</sup> day of each month. You will see the deducted amount on your bank account statement. The deductions will continue until you choose to cancel or change the amount of your monthly gift.

Name \_\_\_\_\_  
\* Name while at ASU \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
E-mail address \_\_\_\_\_  
\* ASU Class Year \_\_\_\_\_ \* Birth Date \_\_\_\_\_  
\* Social Security (optional) \_\_\_\_\_

**Electronic Funds Statement of Authorization**

**I authorize my financial institution to transfer the amount indicated from the stated account to the Angelo State University Foundation. This authorization shall remain in effect until I notify, in writing, the University that I wish to discontinue the regularly scheduled transfer of funds. A record of each charge will be included in my regular bank statement. I understand that I need to save my bank statement for tax documentation.**

\_\_\_\_\_  
Signature Required \_\_\_\_\_  
Date

Please recognize me in the Annual Impact Report as \_\_\_\_\_  
 I wish to remain anonymous.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please keep a copy of this form for your records. **RETURN COMPLETED FORM AND VOIDED CHECK OR PREPRINTED DEPOSIT SLIP TO**

ASU Foundation  
ASU Station 11023  
San Angelo, TX 76909

For more information, please contact the Development Office by phone at 325-942-2116 or by e-mail at [develop@angelo.edu](mailto:develop@angelo.edu)

**\* This information insures that your gift is posted to the correct record.**