



Electronic Funds Transfer (EFT) Gift Form

Donor Information (please print or type)

| | | |
|------------------|-------|----------------------|
| Name | | |
| Billing address | | |
| City | | |
| State/Zip | State | Zip Code |
| Telephone (home) | | Telephone (business) |
| E-Mail | | Fax |

I want to support:

| | |
|--|---|
| <input type="checkbox"/> Vision Validators | <input type="checkbox"/> General Scholarships |
| <input type="checkbox"/> UNCF | <input type="checkbox"/> Other _____ |

I wish to have my gift remain anonymous.

Pledge Information for EFT

| |
|--|
| I pledge a total of \$ _____ for a total of _____ months and \$ _____ per month. |
|--|

EFT Information

| | |
|--|-------|
| I plan to make this contribution through my: <input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account | |
| I give my permission for B-CU to deduct \$ _____ per month on the <input type="checkbox"/> 1 st or the <input type="checkbox"/> 15 th of every month until the pledge is completed <input type="checkbox"/> or until I ask for payments to be stopped <input type="checkbox"/> . | |
| (please send a voided check) | |
| Bank Name | |
| Account Number | |
| Routing Number | |
| Signature | Date: |
| I understand that by signing above I am agreeing to let Bethune-Cookman University withdraw from my bank account the amount I designate every month. These withdrawals will continue until the total pledge amount is reached. | |

Please mail to:

**Bethune-Cookman University
Attn: Institutional Advancement
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, FL 32114
Or fax to 386-481-2973**

Thank you for your generous support of Bethune-Cookman University!