

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 15th day of the month in order to begin deductions the next month.
- Debit transmissions are sent to the bank between 10th and the 20th 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 Michael Jordan at (865) 974-9558 or mjorda42@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