

Authorization Agreement for The EFT Gifting Program at Grove City College

I hereby authorize Grove City College to initiate withdrawals from my account at the financial institution named in this application for monthly gifts of \$_____ to be credited to Grove City College. I also authorize the financial institution to charge such withdrawals to my account.

_____ Yes, sign me up for the EFT Gifting Program

All gifts will be credited to **Full Circle, The Annual Fund at Grove City College** unless otherwise specified:

Name _____ Class Year _____

Address _____ Telephone _____

City, State, Zip _____ Email _____

Name on checking or statement savings account _____

Name and address of Financial Institution _____

Choose one account below from which gifts will be automatically deducted on the 15th of each month (*or the next business day*):

_____ Checking Account (Enclose a blank check marked "VOID")
NOTE: If your checking account is with a credit union, please contact your institution
to verify that you can participate in an EFT program

_____ Statement Savings Account (No Passbook Accounts)
** If you choose Statement Savings Account, ask your financial institution for the following:
_____ Statement Savings Account Number _____ Routing Number

I understand that both the financial institution and Grove City College reserve the right to terminate this automatic gift plan and/or my participation therein. I also understand that I may discontinue enrollment at any time with written notice to the Development Office at Grove City College.

Signature _____ Date _____

_____ I wish my gifts to remain anonymous. Please do not publish my name.

My employer, _____, matches charitable gift contributions. Please contact me.

Please detach this Authorization Agreement and return it to:

Director of Donor Services
Development Office
Grove City College
100 Campus Drive, Grove City, PA 16127