

EFT Authorization Form (Electronic Funds Transfer)

☐ Yes, I want to save time and money in supporting Illinois Public Media at the University of Illinois through EFT.

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Business Phone (_____) _____

Email Address _____

I authorize the University of Illinois Foundation to deduct from my ☐ checking ☐ savings account

until further notice as follows (\$5 minimum): \$ _____ monthly

I designate that my gift be used by the Friends of WILL.



☐ My company, _____, will match my gift. I enclose my employer's matching gift form indicating the total amount of my gift.

I enclosed a voided check. I understand that my voided check will be used for identification of my bank and account numbers.

Signature (Required)

Date Authorized

Please complete this form and mail it to:

Friends of WILL
University of Illinois Foundation
P.O. Box 734500
Chicago, IL 60673-4500

If you have any questions about EFT, please contact our Membership Department.

Phone: **1-800-898-1065**
Email: will-membership@illinois.edu

For Your Records

Amount authorized:

\$ _____ monthly

The University of Illinois Foundation will receive your gifts on the 15th of each month.

Your gifts will appear on your bank statement automatically. You will also receive a gift receipt at year-end from the U of I Foundation and Illinois Public Media for your tax purposes.

To change the amount of your EFT gift, please call the number located at the bottom of this page.

A change of banks requires a new voided check or deposit slip for bank and account identification.

To cancel the EFT authorization, please notify the U of I Foundation, giving 15 days' notice.

Thanks!

Friends of WILL
Campbell Hall
300 N. Goodwin Ave
Urbana, IL 61801-2316

**To make changes to your EFT gift amount,
please contact our Membership Department.**

Phone: **1-800-898-1065**
Email: will-membership@illinois.edu