

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 (_____) _____



I authorize the University of Illinois Foundation to deduct from my checking savings account until further notice as follows (enter one figure):

\$ _____ monthly (\$5 minimum) or \$ _____ quarterly (\$15 minimum)

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

Signature

Date Authorized

Please complete this form and mail it to:

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

**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 or

\$ _____ quarterly.

The University of Illinois Foundation will receive your gifts on the 15th of each month. If quarterly, gifts are received on the 15th of March/June/September/December.

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.**

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Email: will-membership@illinois.edu