



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Please print this form, then complete and mail it with a voided check to:

Nebraska Wesleyan University
Development Office
5000 St. Paul Ave.
Lincoln, NE 68504
Phone: (402) 465-2314 or 800-541-3818, ext.2314.

Note

*Your donation will
be deducted from
your checking
account on the 5th
of each month*

PERSONAL INFORMATION

Legal name: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Business phone: _____

Home e-mail: _____ Business e-mail: _____

Are you an NWU graduate? Yes No If yes, what is your reunion/graduation year? _____

GIFT INFORMATION

I authorize Nebraska Wesleyan University to deduct from my bank account:

\$ _____ per month.

Please designate my gift to:

Annual Fund (top NWU priority)

Other area, please specify: _____

BANK INFORMATION

Your financial institution: _____

City: _____ State: _____

Institution's routing number: _____

(The nine-digit sequence of numbers appearing at the bottom left of your check)

Checking account number: _____

AUTHORIZATION

I hereby authorize Nebraska Wesleyan University to initiate monthly debits, beginning on the 5th day of the following month and continuing each month thereafter. I understand that both Nebraska Wesleyan University and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until revoked by me in writing.

Signature: _____ Date: _____