



NEBRASKA
WESLEYAN
UNIVERSITY

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Please print this form, complete and mail 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.

PERSONAL INFORMATION

Legal name: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Preferred e-mail address: _____

(indicate if home or business address)

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, beginning _____ and ending _____ (if applicable)*
(Month/year) (Month/year)

Please designate my gift to:

- Archway Fund (supports areas of greatest need)
- Other area, please specify: _____

BANK INFORMATION

Your financial institution: _____

City: _____ State: _____

- Please attach voided check to this form -
Your donation will be deducted from your checking account on the 5th of each month

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: _____