

Electronic Funds Transfer Form

Return this form, completed and signed to:
University of Central Missouri Alumni Foundation,
Smiser Alumni Center, PO Box 800, Warrensburg, MO 64093
Telephone: 1-660-543-8000 FAX: 660-543-4705
Email: giving@ucmo.edu
On the web: ucmfoundation.org

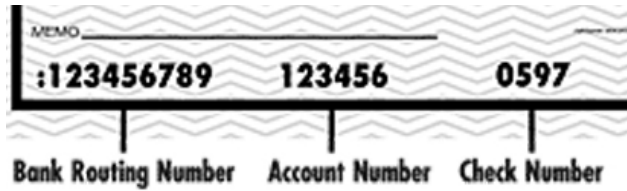
Name _____ Class year (if appl) _____
Spouse/partner _____ Class year (if appl) _____
Home address _____
City _____ State _____ Zip _____
Home phone (_____) _____ Work phone (_____) _____
Cell phone (_____) _____ Preferred email _____

Monthly gift amount: \$ _____
 Please credit my/our gift equally between my spouse/partner and me.

How to use my gift (select one):
 Fund for Excellence KMOS-TV
 Other

Bank information for electronic fund transfer

Bank name _____
Routing (ABA) number _____ Account number _____



Make the monthly deduction from my:
 checking account (enclose or FAX a voided blank check)
 savings account (enclose or FAX a savings deposit slip)

I prefer the monthly transfer date of (select one): 10th or 25th
Please start the transfer the month of _____.

I hereby authorize the University of Central Missouri Alumni Foundation to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Depository, named above, and for my Depository to debit and/or credit the same such account. I acknowledge that the origination of ACH (EFT) transfers to my account must comply with the provisions of the U.S. law. The authority shall remain in full force and effect until UCM has received written notice from me of its termination in such time and in such manner as to afford the UCM Alumni Foundation and Depository, named above, a reasonable opportunity to act upon it.

Signature _____ Date _____

Your gift qualifies as a tax-deductible charitable contribution.