



EDUCATION BUILT FOR LIFE

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

<b>REASON FOR SUBMISSION</b>	
<input type="checkbox"/> New EFT Enrollment	
Start Date	End Date
<input type="checkbox"/> Change in current EFT Enrollment. State reason for change:	
<input type="checkbox"/> Cancel EFT Enrollment. Effective date:	
<b>ACCOUNT HOLDER CONTACT INFORMATION</b>	
Full Name	
Street Address	
City/State/Zip	
Phone Number	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell
<b>ACCOUNT HOLDER FINANCIAL INSTITUTION INFORMATION</b>	
Name of Financial Institution	
Address	
Routing #	
Account number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount of Deduction \$	
<p>Your contribution will be processed on the fifth of each month.  <b>Include an original voided check or deposit slip along with this form and mail to the          UIU Alumni Office at P.O. Box 1857, Fayette, IA 52142. Thank you for your support of UIU!</b></p>	

*I authorize Upper Iowa University to initiate EFT entries to my account on a monthly basis beginning on the date listed above. If no end date is provided, the gift transaction will continue to take place until written notification from me of its cancellation. Notice of cancellation must be provided to UIU at least 14 days prior to the fifth of any month.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date