



The College at
BROCKPORT
 STATE UNIVERSITY OF NEW YORK

ELECTRONIC FUNDS TRANSFER

Your gift through Electronic Funds Transfer (EFT) is a win-win: for you, it's a convenient, easy way to support The College at Brockport, and, at the same time, gift-processing costs are reduced so your gift achieves more. When you enroll, your gift will automatically transfer from your check account or be billed to your credit card. All gifts are processed around the 15th of each month and will appear on your checking account or credit card statement. You may change or cancel your gifts at any time by notifying us of the change in writing. Thank you for your continued support of The College at Brockport.

DONOR INFORMATION

Last name	First	Middle
Street Address	City	State ZIP Code
E-Mail Address	Home Phone	
Did you attend Brockport:	<input type="checkbox"/> Yes What year did you graduate? _____	Please check here if this gift is also from your spouse <input type="checkbox"/>
<input type="checkbox"/> No		

Spouse's last name	First	Middle
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GIFT INFORMATION

Monthly Gift Amount _____ (Minimum gift is \$10 monthly)	I would like my gift to benefit _____ (Please specify Scholarship, Special Program or Account.)
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PAYMENT OPTIONS

Monthly transfer from checking account. Please attach a Voided check.
 Note: We are required to collect a Voided check. A deposit slip will not meet this requirement.

Monthly Credit/Debit Card charge: Account Number _____ Expiration date _____

American Express Discover MasterCard VISA

STATEMENT OF AUTHORIZATION

I authorize the Brockport Foundation to initiate the recurring credit card charge or EFT withdrawal as indicated above. I understand that a record of each donation will be included on my monthly credit card or bank statement and that the Brockport Foundation will send a receipt showing the total of all recurring gifts for the calendar year following the end of the calendar year. I may change or cancel this recurring payment by notifying the Brockport Foundation in writing. All notifications must be received by the first of the month in order to alter the month's transaction.

If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card statement.

If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to the Brockport Foundation. Adjusting entries to correct errors are also authorized. It is agreed that these debts and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to the Brockport Foundation of its termination.

Signature _____ Date _____

Please sign this form. If paying via checking account, remember to attach a voided check. Mail completed forms to the **Brockport Foundation, 350 New Campus Drive, Brockport, New York 14420**. For questions, please contact **Brad Schreiber**, director of development, at (585) 395-5161 bshreib@brockport.edu. Log onto our Web site at: www.brockport.edu/giving.