**AUTHORIZATION FOR AUTOMATIC BANK DRAFT**

**Please read the following important information concerning your Automatic Bank Draft.**

* Drafts may be deducted from either your checking or savings account.
* Complete and sign this form along with a voided check or deposit slip from your bank account and return it to the Texas State Donor Services Office at the address below. Authorizations must be received by the 15th day of the month in order to begin deductions the next month.
* Debit transmissions are sent to the bank between the 1st and the 7th day of each month. The deduction will be made to your account during this time.
* Your bank statement will reflect the date and amount of your deduction and should indicate where your payment was sent. You will receive an official receipt from the Donor Services Office.
* You may terminate this service anytime by written notification to the Texas State Donor Services Office.

**Donor Information**

Name Graduate Yr.

Address City State Zip Code

Home Phone Daytime Phone Cell Phone

Email Address Spouse Name Alum/Graduate Yr.

**Gift Information**

I/we would like to make a year pledge of $ to be fulfilled via equally divided charges applied to the bank account listed below on a monthly basis.

Please initiate the first installment in the month of , 20 .

 I would like my gift to support:

 **OR**

 Please use my gift where the need is greatest

**Matching Gift: I am participating in a matching gift program through**

 Enclosed is a matching gift form I have applied for a matching gift

**Bank Account Information** **Checking** **Savings**

Bank Name Account Number

Address Phone Number

Routing Number

I authorize Texas State University to initiate the recurring charge to my bank account as indicated above and to credit that amount to my pledge. In making this authorization, I agree to the following terms: I authorize Texas State University to pay my pledge and to charge each payment. This authority is to remain in effect until revoked by me in writing or until the pledge is completed. In addition, I have the right to stop a payment by timely written notification to Donor Services at Texas State University prior to charging my bank account. I understand, however, that both my financial institution and/or Texas State University reserve the right to terminate this payment plan (or my participation therein).

**Signature (as shown on bank records):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_