

## Electronic Funds Transfer (EFT) Authorization Form

With EFT, your annual gift to Penn State will be spread over 12 monthly payments. By completing this form, you authorize Penn State to instruct your financial institution to make gift payments from the account of your choice. Simply complete this authorization form, **attach a voided check**, and return to the address listed below. For a savings account, provide the name of the financial institution, the account routing number, and the bank I.D. number.

Within the next two months, you will begin to see the deducted amount on your account statement (deducted the first week of each month). The deductions will continue until you choose to cancel or change the amount of your monthly gift.

Each January you will receive a statement from Penn State showing the amount you've given through our EFT program during the calendar year (January through December). **Save that receipt for tax documentation.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount deducted monthly (\$10 minimum) \$ \_\_\_\_\_

I would like my gift to support \_\_\_\_\_  
(college, campus, the libraries, or special program)

### **Electronic Funds Statement of Authorization** *(will be kept on file at Penn State)*

I authorize my financial institution to transfer the amount indicated from the stated account to The Pennsylvania State University. This authorization shall remain in effect until I notify my bank (or the University) that I wish to discontinue the regularly scheduled transfer of funds.

A record of each charge will be included in my regular bank statement. I understand that I will receive an official University receipt showing a total of my EFT gifts soon after the end of the calendar year.

In the event of an error, I have the right to instruct my bank to reverse any charge. I understand that this must be done by written notice within 15 days of the date of the bank statement or within 45 days after the charge was made.

Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

**Please keep a copy of this form for your records.**

**Return to:**  
**Office of Annual Giving**  
**2583 Gateway Drive, Suite 200**  
**State College, PA 16801**

**Phone: 814-863-2052**  
**Fax: 814-865-8755**  
**E-mail: [AnnualGiving@psu.edu](mailto:AnnualGiving@psu.edu)**  
**Web: [www.Giveto.PSU.edu](http://www.Giveto.PSU.edu)**