

BANK ELECTRONIC TRANSFER

AUTHORIZATION FOR BANK ELECTRONIC TRANSFER OF CONTRIBUTIONS

Thank you for choosing to electronically transfer your monthly gift to UNLV using our **Electronic Funds Transfer** contribution program. By completing and returning this form, you will help us more efficiently and inexpensively route your donation to your UNLV program of choice. The draft will occur on or about the 10th of each month and will reflect **UNLV Foundation** on your bank statement.

First Name _____ Middle Name _____ Last Name _____

Email _____

Home Phone _____ Cell Phone _____

Please designate my gift for _____

Amount per month \$ _____

Amount per quarter (Sept, Dec, March, & June) \$ _____

I (we) hereby authorize the **UNLV Foundation**, hereinafter called UNLV, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of automatic bank electronic transfers from my (our) account must comply with the provisions of U.S. law.

Financial institution _____ Branch _____

City _____ State _____ Zip _____

Routing/ABA number _____

Account number _____

This authorization to draft your account will remain in effect until UNLV receives written notification from you regarding its termination and has had reasonable opportunity to act upon it.

Name(s) _____
(Please print)

Date _____ Signature _____

Special instructions:

For verification of account information, please send a voided check to:
UNLV Foundation, Attn.: Records Department, 4505 S. Maryland Pkwy., Box 451006,
Las Vegas, NV 89154-1006. Once we have received your voided check,
your electronically-transferred gift will go into effect.

For questions regarding the electronic transfer of contributions program, please contact
UNLV Foundation Records department at (702) 895-3641.