

# Electronic Fund Transfer Authorization Form

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

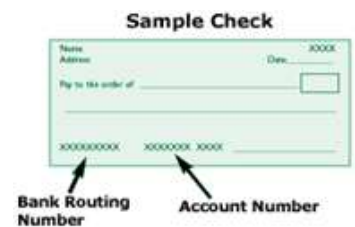
Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_

*I hereby authorize Johnson C. Smith University to initiate debit entries to my bank account as indicated below.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_



Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Mailing Address or Name of Branch Office \_\_\_\_\_

Starting Month \_\_\_\_\_

*Funds will be deducted from your account on the 25<sup>th</sup> of the month. If the 25<sup>th</sup> falls on a holiday or the weekend funds will be deducted the following business day.*

Monthly Contribution Amount \$ \_\_\_\_\_  
(minimum gift amount is \$25)

Designation:  
Annual Fund \_\_\_\_\_

Number of Months for EFT deduction \_\_\_\_\_

Other \_\_\_\_\_

---

## REMEMBER...

For verification purposes you must enclose a voided check bearing your account number. If using your saving account, please include a savings deposit slip. Also, please be sure to return completed EFT form to Johnson C. Smith University.

JCSU requires written notification to change the amount of your monthly debit and/or to stop your EFT. This notification must be received in the Institutional Advancement Office two weeks prior to your termination month.

---

## PRINT FORM AND MAIL TO:

Office of Institutional Advancement  
Johnson C. Smith University  
100 Beatties Ford Road  
Charlotte, NC 28216

*Thank you for supporting Johnson C. Smith University. Your gift will benefit the Annual Fund unless otherwise designated.*

If you have any questions, please contact Sharon Harrington  
Assistant Vice President for Institutional Advancement (Major Gifts) at  
704-330-1437 or [sharrington@jcsu.edu](mailto:sharrington@jcsu.edu)