



Johnson C. Smith University

Electronic Fund Transfer Authorization Form

Name \_\_\_\_\_

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

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

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

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

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

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

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

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

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

Starting Month \_\_\_\_\_ Monthly Contribution Amount \$ \_\_\_\_\_

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

**Gift Designation:**

<input type="checkbox"/> Athletics	<input type="checkbox"/> Band	<input type="checkbox"/> Choir
<input type="checkbox"/> JCSU Fund	<input type="checkbox"/> General Scholarship Fund	<input type="checkbox"/> President's Gap Scholarship
<input type="checkbox"/> Other _____		

Number of Months for EFT \_\_\_\_\_ (Leave blank if there is no end date.)

**REMEMBER:** For verification purposes you must enclose a voided check bearing your account number. If using your savings account, please include a savings deposit slip. Please be sure to return completed form to the address below.

**ATTN: Institutional Advancement**  
Johnson C. Smith University, 100 Beatties Ford Road, Charlotte, NC 28216  
[advancement@jcsu.edu](mailto:advancement@jcsu.edu) 704-378-1000

