

# Electronic Funds Transfer Charitable Contribution Program

## Authorization Agreement for Pre-Authorized Drafts



75 S. Manheim Blvd. • Suite 9 • New Paltz, NY 12561-2443 • Telephone: 845-257-3244 • Fax 845-257-4412

*This authorization to draft your checking or savings account on or about the 15th of each month will remain in effect until we have received notification from you of its termination, and the SUNY New Paltz Foundation has had reasonable opportunity to act on it. You should anticipate the first draft within approximately 30 days after we have received your authorization.*

**I (we) hereby authorize the SUNY New Paltz Foundation to initiate debit entries to my (our) bank account from the financial institution indicated on this form.**

### Amount to Debit Per Month

(Will occur on or about the 15th of each month) \$ \_\_\_\_\_

### Please Designate my Gift to:

- Fund for New Paltz    Scholarship Endowment Fund  
 Faculty Development Endowment    Other \_\_\_\_\_

### Account Holder(s) Information (Exact name as it appears on the account)

Name 1 \_\_\_\_\_

Signature 1 \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name 2 \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

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

Transit/ABA No. (routing #) \_\_\_\_\_

Account No. \_\_\_\_\_

- Checking Account    Savings Account

**Please attach a voided check or deposit slip with this authorization agreement.**

White Copy - SUNY New Paltz Foundation

Yellow Copy - Donor

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