



Thank you for your interest in giving to DePaul University through our AUTOMATIC FUNDS TRANSFER program. By completing this form with your savings account information or your checking account information (including a voided check), you will authorize DePaul to initiate a monthly automatic debit from your bank account.

DePaul will draft your account on or about the 20th of each month. If you choose to continue your automatic funds transfer until further notice, the draft will remain in effect until we have received written notification from you of its termination and DePaul has had reasonable opportunity to act on it.

The first draft from your account should take place within 30 days after we receive your information. Your monthly bank statement will indicate the draft.

Name of Donor: \_\_\_\_\_

Donor's Address: \_\_\_\_\_  
Street No. City /State Zip

FINANCIAL INSTITUTION: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
Branch City/State Zip

ROUTING NO: \_\_\_\_\_  
(First 9 digits located on the bottom of your check or in your statement)

ACCOUNT NO: \_\_\_\_\_  
(Last 10 or 11 digits located on the bottom of your check or in your statement)

AMOUNT TO DEBIT PER MONTH: \$ \_\_\_\_\_

TOTAL NUMBER OF BANK DRAFTS THAT DEPAUL CAN MAKE FROM MY ACCOUNT: \_\_\_\_\_

or

PLEASE CONTINUE THE DRAFT UNTIL FURTHER NOTICE: YES \_\_\_\_\_

PLEASE ALLOCATE MY GIFT TO: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No: \_\_\_\_\_

**REMEMBER:** PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM SO THAT WE CAN VERIFY YOUR CHECKING ACCOUNT INFORMATION AND INITIATE YOUR DRAFT. ANY QUESTIONS, PLEASE CALL THE DIRECTOR OF GIFT PROCESSING AT (312) 362 – 8666.

Please print this form, fill it out and mail it to:  
DePaul University  
ATTN: Advancement Gift Processing  
1 East Jackson Blvd.  
Chicago, IL 60604-2287