



ACH Transfer Request Form

Date _____

Name _____
(As it appears on the bank account)

Address _____

City _____ T _____ Zip Code _____

Total Donation Amount \$ _____

Fund Designation _____

I would like to fulfill my pledge in _____ installment/s of \$ _____ on a:

Monthly on 1st

Monthly on the 15th

Type of Account:

Checking

Savings

All ACH transfers will be processed on the 1st or the 15th of the month.

A detailed year end statement will be mailed at the end of the calendar year for tax purposes in lieu of a monthly receipt.

Please attach a voided check.

Thank you for your support!

Donor Signature Date

EOU Foundation Date

For office use only

Rec'd _____

Processed _____

Effective Date _____

Last updated 2/5/2012