



**ELECTRONIC FUNDS TRANSFER INFORMATION**

To set up your electronic funds transfer, please complete the information below and return to:

Vanderbilt University  
Gift and Donor Services  
PMB 407727  
2301 Vanderbilt Place  
Nashville, TN 37240-7727

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I (we) authorize Vanderbilt and the financial institution named below to electronically charge my (our):

checking  savings account specified below:

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

Bank name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**Day of month:**  3rd banking day  12th banking day

I authorize \$ \_\_\_\_\_ per month/quarter for a total of \$ \_\_\_\_\_ per year.

**Frequency:**  Monthly  Quarterly (January, April, July and October)

Date plan to commence \_\_\_\_\_ Month \_\_\_\_\_ Year

Designation \_\_\_\_\_

It is understood this agreement may be terminated by me (either of us) at any time by written notification to Vanderbilt University. Any such notification to the university shall be effective only with respect to entries initiated by the university after receipt of such notification and a reasonable opportunity to act on it.

\_\_\_\_\_  
AUTHORIZING PARTY (PLEASE PRINT)

\_\_\_\_\_  
AUTHORIZING PARTY (PLEASE PRINT)

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

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

Thank you for your support of Vanderbilt University.