EASTERN ILLINOIS UNIVERSITY FOUNDATION CREDIT CARD AND EFT AUTHORIZATION FORM

DATE:				
DONOR INFORMATION	(please print)	:		
Name:				
Street Address				
City/State/Zip				
Telephone				
Gift Designation		Amount		
Check One: One-time De	duction	Monthly Reoccurring	g Deduction	
Check One: EFT	_	Credit Card		
BANK INFORMATION F	OR EFT GIV	NG (5 TH Day of the l	Month)	
Name(s) on Bank Account_			/	
Bank Name				
ABA Routing #Account #			nt #	
City/State/Zip				
Type of Account:	Checking	Savings		
PLEASE ATTA	CH A VOIDED	CHECK (or SAVINGS	ACCOUNT DEPOSIT SLIP)	
CREDIT CARD INFORM			·	
Name on Card:				
Type of Card: VISA	MC	DISCOVER	AMERICAN EXPRESS	
Card #:	Expiration Date:			
Funds Transfer (EFT) and/or cred	it card informatio	on provided in the section(s	nsactions, as indicated above, via the Elect) within this document. This authorization written notification of termination of this	
Signature(s):				
RETURN TO:	Tisha Fritts			

Attn: Foundation Accounting 600 Lincoln Avenue Charleston, IL 61920