

## ELECTRONIC FUNDS TRANSFER (EFT) FORM

Use this form to set up your Electronic Funds Transfer (EFT) to Rhodes by using your checking account, debit card, or credit card. Your withdrawal can be changed or stopped at any time up to the day before each transaction. Withdrawals are made on or around the 1st or 15th of each month.

Donor Information		
Name		
■Alumni (provide class year)	□ Parent	<b>□</b> Grandparent
<b>□</b> Faculty	□Staff	
Address		
Email		
Telephone (home, work, cell)		
☐I would like to give to the Annual	Fund	
		nual Fund. Please mark your preference.)
■Student Financial Aid/Fellowsh	nips (Scholarships)	□Library/Technology
☐ Faculty Support		☐ Campus Preservation
■Campus Life		■Where the need is greatest
Payment Information (please choose	an ana)	
	The state of the s	11. 1.1. 1
□ I would like to make a recurring t		
These withdrawals will continue until y	ou notify us otherwise	e.
Please charge my □Visa □M	[asterCard □Am	nerican Express
Account #	Expire	s/ Amount \$
CVV		
Signature (required):		Date (required):
_		
☐ I would like to make a recurring §	gift by automatic bar	nk draft.
Monthly amount: \$		
Withdraw on □1st or □15 <sup>th</sup> of the n	nonth. Beginning in	which month?
Please send us a voided check.		
Signature (required):		Date (required):
Signature (required):		Date (required):
Matching Gifts	: C	
■ My gift will be matched by (please sp	pecity company)	