

**Michigan Technological University**

Michigan Tech Fund  
1400 Townsend Drive  
Houghton MI 49931-1295  
906-487-2310 techfund@mtu.edu



Thank you for inquiring about our Electronic Funds Transfer charitable contribution program. By completing and mailing this form to the address above, you will be on your way to establishing an easier and less costly way of making your gift to Michigan Tech. This notification to draft your account on or about the 1<sup>st</sup> of each month will remain in effect until we have received notification from you of its termination, and the Michigan Tech Fund has had reasonable opportunity to act on it. Your monthly bank statement will adequately describe this draft when it occurs.

You should anticipate the first draft approximately 30-45 days after we have received your authorization.

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS**

I (we) hereby authorize the Michigan Tech Fund to initiate debt entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
TRANSMIT/ABA NO. (Omit if uncertain) \_\_\_\_\_ ACCOUNT \_\_\_\_\_

**AMOUNT TO DEBIT PER MONTH:**

(The debit will occur on or about the 1<sup>st</sup> of each month)

- \_\_\_ \$10.00 (\$120/year)
- \_\_\_ \$25.00 (\$300/year)
- \_\_\_ \$50.00 (\$600/year)
- \_\_\_ \$100.00 (\$1,200/year)
- \_\_\_ Other \$ \_\_\_\_\_

**PLEASE DESIGNATE MY GIFT AS FOLLOWS:**

Annual Fund:

- \_\_\_ University-wide priorities
- \_\_\_ Departmental needs \_\_\_\_\_  
(include academic dept. name above)

Other:

\_\_\_ Please specify \_\_\_\_\_

This authority to remain in full force and effect until the Michigan Tech Fund has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Michigan Tech Fund a reasonable opportunity to act on it.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
(if needed)

SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK