

AUTHORIZATION FOR BANK ELECTRONIC TRANSFER OF CONTRIBUTIONS

Thank you for choosing to electronically transfer your monthly gift to UNLV using our **Electronic Funds Transfer** contribution program. By completing and returning this form, you will help us more efficiently and inexpensively route your donation to your UNLV program of choice. The draft will occur on or about the 10th of each month and will reflect **UNLV Foundation** on your bank statement.

First name _____ Middle initial _____ Last name _____

Phone number _____ E-mail _____

Total Gift* amount per month/quarter (please circle one) \$ _____

*Amount for OLLI Annual Fund (#0069): \$ _____ Amount for OLLI Building Fund (#3084): \$ _____

I (we) hereby authorize the **UNLV Foundation**, hereinafter called UNLV, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account.

I (we) acknowledge that the origination of automatic bank electronic transfers from my (our) account must comply with the provisions of U.S. law.

Financial institution _____ Branch _____

City _____ State _____ Zip _____

Routing/ABA number _____

Account number _____

This authorization to draft your account will remain in effect until UNLV receives written notification from you regarding its termination and has had reasonable opportunity to act upon it.

Name(s) _____
(Please print)

Date _____ Signature _____

Special instructions:

For verification of account information, please send UNLV SPN Ia voided check to:
UNLV Foundation, Attn.: Records Department, 4505 S. Maryland Pkwy., Box
451006, Las Vegas, NV 89154-1006. :our electronically-transferred gift will go into
effect ~~FO~~ ~~SFDF~~ ~~ZPVS~~ ~~FEDIFDL~~

For questions regarding the electronic transfer of contributions program, please contact UNLV Foundation Records department at (702) 895-3641.

