

# Saint Mary's College Electronic Fund Transfer

## Donor Information

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

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

City/State/Zip Code: \_\_\_\_\_

Is this a new address?  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## Gift Information

I want my gift to support:

Annual Fund for scholarships and financial aid

Other: \_\_\_\_\_

## Financial Information

I authorize Saint Mary's College to deduct the amount indicated below each month beginning on the 10th of the current or following month after this form is processed and continuing to further notice. This authorization will remain in effect until I send written notification to both my bank and Saint Mary's College at least five days before the next withdrawal occurs.

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

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing & Transit Number: \_\_\_\_\_

Name of Branch Office \_\_\_\_\_

Address of Branch Office \_\_\_\_\_

Starting Date (Month/Year) \_\_\_\_\_

Monthly Contribution Amount (minimum of \$10.00) \$ \_\_\_\_\_

Number of Months to Continue Deduction: \_\_\_\_\_

Please note:

- 1) You must enclose a voided check bearing your account number. If using your savings account, please enclose a savings deposit slip.
- 2) Your EFT form must be received by the 26th of the month in order to start the 10th of the following month.
- 3) A summary of your previous calendar year contributions to Saint Mary's will be sent to you prior to January 31.

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**Print out this form, complete it, and mail to:** Saint Mary's College, Annual Fund Office,  
110 Le Mans Hall, Notre Dame, IN 46556-9966

*Thank you for supporting Saint Mary's College!*

If you have questions, please contact the Saint Mary's Annual Fund  
at (574) 284-4588 or [smcafund@saintmarys.edu](mailto:smcafund@saintmarys.edu)