

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.

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