



ELECTRONIC FUNDS TRANSFER FORM

Yes. Please enroll me in UNCF's Monthly Giving Fund.

I understand that my future gifts will be transferred automatically from my checking account OR my credit card account. (Deductions timed according to sign up date.)

I understand that a record of my gifts will appear on my bank **or** credit card statement and that I can increase, decrease or suspend giving at any time by sending a signed letter to UNCF. See contact information below.

FOR BANK ACCOUNT DEDUCTIONS: Please enclose a "VOIDED" check or deposit slip. (Deductions will take place on approximately the 5th or the 20th of each month.)

I authorize my bank to transfer monthly to UNCF the amount below in accordance with the terms and conditions below:

\$25 \$20 \$15 \$50 Other: \$ _____

Yes. A check for my first gift is enclosed. Amount: \$ _____

FOR CREDIT CARD DEDUCTIONS: I authorize my credit card company to transfer monthly to UNCF the amount below in accordance with the terms and conditions below:

\$25 \$20 \$15 \$50 Other: \$ _____

(Credit card deductions are timed according to the date of sign up.)

Credit card Visa MasterCard Discover Amex

Credit card # _____ Exp. Date _____ CVV# _____
(on back of card)

Name _____

Billing Address _____

City, State, Zip _____

Phone _____ E-mail _____

Signature _____

REQUIRED for Checking Account OR Credit Card deductions

Date Signed _____

Check here if this gift is restricted.

Comments

TERMS AND CONDITIONS: My authorization to charge my account at my bank will be the same as if I had personally signed a check to UNCF. This authorization will remain in effect until I notify my bank or UNCF in writing that I wish to end this agreement and my bank or UNCF has had a reasonable time to act upon it. A record of each charge will be included in my regular bank statement and will serve as my receipt.

*Individual and Planned Giving Department
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