

Direct Debit Monthly Deduction Agreement

DONOR INFORMATION

Name(s) _____
 Street address _____
 City _____ State _____ Zip _____
 Cell _____ Business _____ Home _____
 Preferred Email Address _____

GIFT FUND DESIGNATION

President's Excellence Fund (*\$84/month to this fund qualifies for President's Council Membership*)
 Dentistry Graduate Health Professions Medical Nursing
 Barshop Institute CMHE CTRC Greehey CCRI Laredo RAHC
 Other Fund: _____

MONTHLY GIFT AMOUNT (*Gift is 100% tax-deductible*)

\$25 \$35 \$50 \$100 \$200
 Other monthly amount: _____

In most cases you can expect your deductions to begin during the current month's cycle provided we receive your authorization prior to the 15th. However, if your authorization arrives on or immediately following the 15th, please be aware that your first deduction may take as long as 30 days to begin.

BANK DRAFT OPTION (*please attach a voided check*)

I hereby authorize The University of Texas Health Science Center at San Antonio to initiate debit entries to my (our) bank account indicated below and the financial institution below, to debit the same to such account.

Financial Institution _____ Branch _____
 City _____ State _____ Zip _____
 Routing No. _____
 Account No. _____

CREDIT CARD OPTION

I (We) hereby authorize The University of Texas Health Science Center at San Antonio to initiate monthly charges to my (our) credit card indicated below.

Type of card: AMEX MasterCard Visa
 Name on Card: _____ Exp. Date _____
 Card Number: _____ Security Code #: _____

This authority is to remain in full force and effect until The University of Texas Health Science Center at San Antonio has received written notification from me of its termination. This authority will remain in effect until I give a reasonable notification to terminate this authorization. I understand payments are **recurring gifts that continue monthly** until written notice is received from me _____.

Print Name

Signature _____ Date _____

Please mail your form to Gift Processing at the address listed below or email it to: GiftProcessing@uthscsa.edu

Thank you for making lives better!