



UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION *

ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

Yes, I would like to give a sustaining gift using the security and convenience of Electronic Check Processing.

NAME ()
CONTACT NUMBER

I would like my gift to go to: _____

Amount of Gift: \$ _____
To be withdrawn on the 15th of the month, or the first business day thereafter.

Monthly / Quarterly / Semi-annually / Annually: _____

Date of first withdrawal: _____ (MM/YY).

FINANCIAL INSTITUTION ACCOUNT IDENTIFYING INFORMATION

Enter financial institution account information into the fields provided below *and* attach a blank VOID check:

FINANCIAL INSTITUTION BRANCH

CITY STATE ZIP

TRANSIT/ABA# ACCOUNT#

As a duly authorized check signer on the financial institution account identified herein, I hereby authorize the UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION to convert paper checks, facsimile checks and/or checks by telephone that correspond with the financial institution account identified herein, and which are received by the UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION as gifts from me, into electronic debits.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified herein and paper checks, after conversion, will become VOID and will not be returned to me by the corresponding Bank or the UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE DATE

Send original of this document to:
University of California, Berkeley Foundation
Donor and Gift Services
1995 University Avenue, Ste. 400
Berkeley, CA 94704-1070

If you have any questions, please call (510) 643-9789.

*The University of California, Berkeley Foundation (UCBF) is organized to encourage private gifts, trusts, and bequests for the benefit of the University of California, Berkeley.