ELECTRONIC FUNDS TRANSFER (EFT) GIFT FORM

☐ Please have Illinois State University Foundation deduct a ONE-TIME gift from my bank account.

_______ Amount ($)  

☐ Please have Illinois State University Foundation deduct a MONTHLY gift from my bank account.

_______ Amount ($)  ☐ Ongoing  ☐ Ending: _____________ (date)

☐ Checking Account  ☐ Savings Account

Financial Institution: ____________________________________________
City: _________________________________________________________
State: _________________________________________________________
Zip: __________________________________________________________
Phone: _______________________________________________________
Routing/ABA Number: __________________________________________
Account Number: ______________________________________________

***Please include a voided check. Deductions will be made the 15th of each month.***

Please select where you would like your donation to go:

College/Department/Fund _______________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

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Illinois State University Foundation, 1101 N. Main Street, Campus Box 8000, Normal, Illinois 61790-8000