



Texas A&M Foundation EFT Authorization

Please mail this form along with a voided, unused check or deposit slip to:

Texas A&M Foundation
ATTN: Director of Gift Processing
401 George Bush Drive
College Station, TX 77840-2811

Donor Information:

First and Last Name: _____

Texas A&M Class Year (if applicable): _____

Email: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I authorize the Texas A&M Foundation to deduct my checking or savings account until further notice as follows (choose one):

\$_____ monthly (\$25 minimum) or \$_____ quarterly (\$75 minimum)

Bank Name: _____

Account Number: _____ Routing Number: _____

Gift Amount: \$_____

Is this a restricted gift or unrestricted gift?

If this is a restricted gift, what is it to be used for?

Will your employer match your gift? Yes No

If yes, please include your employer's matching gift form with this form and let us know the name of your employer here: _____

As requested, I have enclosed a voided, unused check or deposit slip to identify my EFT bank and account number.

Signature(s): _____ / _____

Date: _____