



GENEVA COLLEGE FOUNDATION

Automated Monthly Giving Agreement – Geneva Fund

Thank you for making Geneva students a monthly priority!

I would like to enroll in monthly giving and give the Geneva College Foundation permission to debit my bank account as indicated below.

I understand that donations are non-refundable unless it is due to an error on behalf of the Geneva College Foundation or my financial institution. I also understand that my bank is responsible for the accurate and timely posting of my transferred gift(s). This agreement will remain in effect until I notify the Geneva College Foundation with verbal or written notification of its termination, at least five (5) business days prior to the scheduled processing date. In the event of an amount or double posting error, I will contact the Geneva College Foundation.

Name _____

Address _____

Email _____ Phone _____

CHECKING/SAVINGS ACCOUNT AUTOMATIC DONATION (EFT)

☐ Yes, I'd like to give by Electronic Funds Transfer (EFT). I give my bank permission to transfer from my account and pay the Geneva College Foundation according to the amount and frequency indicated below.

☐ \$_____ monthly starting in _____ (month)_____ (year)

☐ Below are the routing and account numbers for my checking/savings account:

Routing Number _____ Account Number _____

Or

☐ I've enclosed a check made payable to the **Geneva College Foundation** for this month's donation. My bank's information will be recorded from this initial check.

My automated gifts will occur **on the 3rd of each month**—unless the 3rd falls on a weekend or holiday break, in which case it may be processed shortly before or after.

Signature _____ Date _____

RECEIPT PREFERENCE

- ☐ Please send my initial receipt, and thereafter only send a collective receipt in December.
- ☐ Please mail me a receipt each month.

May the Geneva College Foundation recognize your name in the President's Report?

- ☐ Yes
- ☐ No, thanks