

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
☐ Yes, I'd like to give by Electronic I	NT AUTOMATIC DONATION (EFT) Funds Transfer (EFT). I give my bank permission to transfer from my ege Foundation according to the amount and frequency
□ \$ monthly starting in _	(month) (year)
☐ Below are the routing and accou	nt numbers for my checking/savings account:
Routing Number	Account Number
☐ I've enclosed a check made pay My bank's information will be record	yable to the Geneva College Foundation for this month's donation. ded from this initial check.
My automated gifts will occur on th break, in which case it may be prod	te 3rd of each month —unless the 3 rd falls on a weekend or holiday cessed shortly before or after.
Signature	Date
RECEIPT PREFERENCE Please send my initial receipt, an Please mail me a receipt each m	d thereafter only send a collective receipt in December. nonth.
May the Geneva College Foundation	on recognize your name in the President's Report?

■ No, thanks