



DIRECT DEBIT MONTHLY DEDUCTION AGREEMENT

DONOR INFORMATION

Name (Last, First, M.I.): _____ (Please Print Name)
 Employee ID #: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Preferred Phone: _____ Business Phone: _____
 Preferred Email: _____

GIFT FUND DESIGNATION

President's Excellence Fund (\$1,000 to this fund qualifies for President's Council Membership)
 Dentistry Graduate Health Professions Medicine Nursing
 Barshop Institute CMHE Mays Cancer Center Greehey CCRI Laredo
 Other Fund _____

MONTHLY GIFT AMOUNT

\$25 \$35 \$50 \$100 \$200
 Other Monthly Amount \$ _____

In most cases you can expect your deductions to begin during the current month's cycle provided we receive your authorization prior to the 15th. However, if your authorization arrives on or immediately following the 15th, please be aware that your first deduction may take as long as 30 days to begin.

BANK DRAFT OPTION (Please attach a voided check.)

I hereby authorize The University of Texas Health Science Center at San Antonio to initiate debit entries to my (our) bank account indicated below and the financial institution below, to debit the same to such account.

Financial Institution: _____ Branch: _____
 City: _____ State: _____ Zip: _____
 Routing Number: _____ Account Number: _____

CREDIT CARD OPTION

I (We) hereby authorize The University of Texas Health Science Center at San Antonio to initiate monthly charges to my (our) credit card indicated below.

Type of Card: AMEX MasterCard Visa Discover
 Name on Card: _____ Exp. Date: _____
 Card Number: _____ Security Code #: _____

This authority is to remain in full force and effect until UT Health San Antonio has received written notification from me of its termination. This authority will remain in effect until I give a reasonable notification to terminate this authorization. I understand payments are recurring gifts that continue monthly until written notice is received from me _____
 (Please Print Name)

Signature: _____ Date: _____

Please email your form to Gift Processing at: GiftProcessing@uthscsa.edu or mail it to the address below.

PEOPLE. PURPOSE. PROMISE.