

Juniata Scholarship Fund • 1700 Moore Street • Huntingdon, PA 16652 Miranda Peruso, Director of Annual Giving • 814-641-3107 • perusom@juniata.edu

Electronic Funds Transfer (EFT) Authorization Form

By completing this form, you authorize Juniata College to instruct your financial institution to make monthly gift payments from the account of your choice. Simply complete this authorization form, **attach a voided check**, and return to the address listed above. For a savings account, provide the name of the financial institution, the account routing number, and the bank I.D. number.

Within the next two months, you will begin to see the deducted amount on your account statement (deducted the 15th of each month). The deductions will continue until you choose to cancel or change the amount of your monthly gift.

Phone Number

Fmail

Name

Address

| , ida 1000 | Linan | |
|--|--|---|
| City | State | Zip |
| Total amount deducted monthly (\$10 minimu | ım) \$ | |
| Electronic Funds Sta (will be kept on f | atement of Autile at Juniata Col | |
| I authorize my financial institution to transfer Juniata College. This authorization shall rem that I wish to discontinue the regularly sche will be included in my regular bank staten College receipt showing a total of my EFT gift | ain in effect un duled transfer nent. I understa | til I notify my bank (or the College) of funds. A record of each charge and that I will receive an official |
| In the event of an error, I have the right to ins that this must be done by written notice wit within 45 days after the charge was made. | • | , , |
| Signature (required) | Date | |