Electronic Funds Transfer
Authorization Form

Please supply the following information to Saint Mary-of-the-Woods College.

Name on Account (please print):_____

Address:_____

City:_____ State:_____ Zip_____

❑ One time gift of $_____.

❑ Limited monthly recurring gift of $_____ for _____ months for a total gift of $_____.

❑ Ongoing monthly recurring gift of $_____ until I ask SMWC to change or cancel my debits.

I would like my gift applied to the:

❑ Woods Fund/ Alumnae Fund/ Class Gift Campaign

❑ Existing Endowed Scholarship:_____

❑ Commemorative Brick Program ($150 per brick)

❑ Woods License Plate ($15 per plate)

*If you would like to support multiple funds with your giving, please submit one form per fund.

Please take my gift directly from the account specified:

❑ Checking account (please attach a voided check)

❑ Savings account (please attach a savings deposit slip)

I authorize Saint Mary-of-the-Woods College to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the total amount specified above is deducted from my account.

_____ _____

Authorized signature on my account Date

Questions? Call toll free (888) 769-0013 or locally (812) 535-5225
Please mail this form with your enclosed voided check or savings deposit slip to:
SMWC Office of Development
P.O. Box 70 Saint Mary-of-the-Woods, IN 47876