



Automatic Bank Withdrawal

SCHOOL OF LAW

DONOR INFORMATION

NAME			
STREET ADDRESS	CITY	STATE	ZIP
HOME TELEPHONE		BUSINESS TELEPHONE	
EMAIL ADDRESS			

PAYMENT OPTIONS

FINANCIAL INSTITUTION NAME AND ADDRESS			
_____		CHECKING	<input type="checkbox"/>
DONOR'S ACCOUNT NUMBER		SAVINGS	<input type="checkbox"/>
PLEASE SELECT INSTALLMENT TYPE:			
1. Monthly (15 th of every month) \$ _____		Total Gift \$ _____	
<input type="checkbox"/>	Continuous (I will notify LUC when to end deductions.)		
<input type="checkbox"/>	Start: Mo./Yr. _____	End: Mo./Yr. _____	
2. Quarterly (20 th) \$ _____		Total Gift \$ _____	
<input type="checkbox"/>	Continuous (I will notify LUC when to end deductions.)		
<input type="checkbox"/>	Start: MARCH JUNE SEPT DEC	YR. _____	
	<i>(Please circle month to begin)</i>		
<input type="checkbox"/>	End: MARCH JUNE SEPT DEC	YR. _____	
	<i>(Please circle month to end)</i>		

GIFT DESIGNATION

I would like to designate my gift:

- to the Dean's Discretionary Fund (highest priorities of the law school)
- to the Loan Forgiveness and Repayment Program
- to the Center for Advocacy (Circle of Advocates Scholarship Fund)
- to Scholarship Support for Law Students
- to the Civitas ChildLaw Center
- to the Beazley Institute for Health Law and Policy
- to Other _____

STATEMENT OF AUTHORIZATION

I (We) authorize Loyola University Chicago "LUC" to initiate debt entries to my (our) account indicated above. I (We) further authorize LUC and the financial institution named above to debit or credit any corrections to my (our) account.

This authority is to remain in full force and effect until LUC and the financial institution receive written notification from me (us) of the revocation of such authority in such time and in such manner as to afford LUC and the financial institution a reasonable opportunity to act on it.

I (We) have the right to stop payment of a debt entry by notification to LUC and the financial institution in such time and in such manner as to afford LUC and the financial institution a reasonable opportunity to act on it prior to charging the account.

SIGNATURE(S)

DATE

Please mail your completed form along with a **voided check** to:

Rachel Lionberg
25 East Pearson Street, Room 1464
Chicago, IL 60611

Please contact Rachel Lionberg, Associate Director of Development, at rlionbe@luc.edu or 312.915.7741 with any questions