Recurring Gift Form (Automatic Bank Withdrawal Form)

DONOR INFORMATION

☐ ALUMNUS/A  ☐ PARENT  ☐ FRIEND

NAME

STREET ADDRESS

CITY

STATE

ZIP  HOME TELEPHONE  ☐ This is a mobile phone  BUSINESS TELEPHONE

EMAIL ADDRESS

GIFT DESIGNATION

COLLEGES/SCHOOLS

☐ Arrupe College

☐ Arts and Sciences

☐ Communication

☐ Continuing and Professional Studies

☐ Education

☐ Graduate School

☐ Institute of Environmental Sustainability

☐ Institute of Pastoral Studies

☐ Law

☐ Marcella Niehoff School of Nursing

☐ Quinlan School of Business

☐ Social Work

☐ Stritch School of Medicine

SPECIALTY PROGRAMS

☐ Campus Ministry

☐ Gannon Center for Women and Leadership

☐ John Felice Rome Center

☐ LUMA (Loyola University Museum of Art)

☐ Parent Fund

☐ Rambler Varsity Fund

☐ University Libraries

☐ Unrestricted

☐ Other ___________________________

Multiple checked boxes will divide gift evenly among all selected fund, unless otherwise specified.

Please mail your completed form along with a voided check or credit card information to:

LOYOLA ANNUAL GIVING
820 N. MICHIGAN AVE
CHICAGO, ILLINOIS 60611

Contact the Annual Giving team at annualgiving@LUC.edu or 800.424.1513 with any questions.
PAYMENT BY CREDIT CARD

PLEASE CHARGE MY CREDIT CARD: □ VISA □ MASTERCARD □ DISCOVER

Card Number ___________________ Exp. Date ________ Name as it appears on card (please print) _______________________

Signature _______________________

PAYMENT BY BANK ACCOUNT WITHDRAWAL

(Please attach a voided check & specify account info.)

FINANCIAL INSTITUTION NAME ____________________________

FINANCIAL INSTITUTION ADDRESS ____________________________

_________________________________________ CHECKING □

SAVINGS □

DONOR’S ACCOUNT NUMBER ____________________________

PLEASE SELECT INSTALLMENT TYPE

1. □ Monthly (Withdrawal / Charge on the 15th of every month) $ __________

   Starting: Mo./Yr. ___________                  Ending: Mo./Yr. ___________

   Or □ Continuous (I will notify LUC when to end deductions)

2. □ Quarterly (Withdrawal / Charge on the 15th every 3 months from starting month) $ __________

   Starting: Mo./Yr. ___________                  Ending: Mo./Yr. ___________

   Or □ Continuous (I will notify LUC when to end deductions)

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 ______________________