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

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

### 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 __________________________

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

LOYOLA ANNUAL GIVING
820 N. MICHIGAN AVE. #1613
CHICAGO, ILLINOIS 60611

*Please contact Julia McGannon at jmcgannon@luc.edu or 312.915.7647 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

__________________________________________  __________________________
DONOR’S ACCOUNT NUMBER                                                    CHECKING  □
                                                                                     SAVINGS  □

PLEASE SELECT INSTALLMENT TYPE

1.  □ Monthly (Withdrawal / Charge on 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 20th every 3 months from starting month) $ __________

       Starting: Mo./Yr. __________

       Ending: Mo./Yr. __________

       Or □ Continuous (I will notify LUC when to end deductions)  16Z02

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