

EFT Payment Set-up Procedures

Please complete the following information and mail to:

Gift Records, Bradley University, 1501 W Bradley Ave, Peoria IL 61625

Donor Name:		ID Number:
Address:		
City:	State:	Zip:
Telephone:	Email:	
Electronic Funds Transfer		
I hereby authorize Bradley Univers	sity to electronically withdraw the followin	ng payments:
Total Pledge Amount:	Number of Payments:	Monthly Amount:
Designation:		
I have atta	iched a voided check or letter from	bank with this request.
Signature:	Date:	
The above entry will be deducted of	on the 15 th of each month. If this falls on a	weekend, transactions will be done after the 15 th .
This authorization will remain in f	ull force and effect until Bradley University	y Office of Gift Records receives written

This authorization will remain in full force and effect until Bradley University Office of Gift Records receives written notification from me of its termination, and they have had a reasonable opportunity to act on that notification.

Thank you!