



# Electronic Funds Transfer Form

**How to participate:**

1. Provide all the information requested below
2. Sign the authorization agreement at the bottom of this page
3. Enclose a voided check for the account to be debited
4. Return this information, including your voided check to

Ball State PBS  
 Attn: Member Services  
 Ball State University  
 Muncie, IN 47306

**Questions?** Call 800-646-1812 or 765-285-5888.

Financial Information	Personal Information
Name of Financial Institution	Name
Institution's Street Address	Address
City State Zip	City
Institution's Routing Number	State
Account Number Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Zip
Begin withdrawals in the month of Year	Home Phone
End withdrawals in the month of Year	Business Phone
<b>Your monthly gift amount \$ _____</b>	

**Please read and sign this agreement**

I/we hereby authorize Ball State University Foundation to initiate debits to the account indicated above in the financial institution indicated. These debits will be made monthly and can be made by any means available to the financial institution, including the electronic transfer of the funds involved.

This authority is to remain in full force until I/we request and increase or removal from the program by contacting Ball State PBS or the Ball State University Foundation in writing.

Your signature \_\_\_\_\_  
 Date \_\_\_\_\_

Spouse signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Thank you for your commitment to Ball State PBS!**