



DEPAUL UNIVERSITY

Please print this form, fill it out and mail it to:

DePaul University
Attn: Advancement Gift Processing
1 East Jackson Blvd.
Chicago, IL 60604-2287

Thank you for your interest in giving to DePaul University through our Automatic Funds Transfer program. By completing this form with your savings account information or your checking account information (including a voided check), you will authorize DePaul to initiate a debit from your bank ceeqwp0

Name of Donor: _____

Donor's Address: _____
Street No. City /State Zip

FINANCIAL INSTITUTION: _____

LOCATION: _____
Branch City/State Zip

ROUTING NO: _____
(First 9 digits located on the bottom of your check or in your statement)

ACCOUNT NO: _____
(Last 10 or 11 digits located on the bottom of your check or in your statement)

AMOUNT TO DEBIT : \$ _____

FCVG'DEPAUL CAN FTCHV'VJ G'F QPCVKQP 'FROM MY ACCOUNT: _____

PLEASE ALLOCATE MY GIFT TO: _____

Donor's Signature: _____ Date: _____

Phone No: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE DIRECTOR OF GIFT PROCESSING AT (312) 362 – 8666.