



DEPAUL UNIVERSITY

Thank you for your interest in giving to DePaul University through our Recurring Gift Charitable Contribution Program. By completing this form with your savings or checking account information, you will authorize DePaul to initiate an automatic debit from your bank account.

If you choose to continue your automatic funds transfer until further notice, the draft will remain in effect until we have received written notification from you of its termination and DePaul has had reasonable opportunity to act on it.

The first draft from your account should take place within 30 days after we receive your information. Your monthly bank statement will indicate the draft

DONOR NAME: _____

DONOR 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: \$ _____ monthly quarterly annually semi-annually

TOTAL NUMBER OF BANK DRAFTS THAT DEPAUL CAN MAKE FROM MY ACCOUNT: _____

or

PLEASE CONTINUE THE DRAFT UNTIL FURTHER NOTICE: YES

PLEASE ALLOCATE MY GIFT TO: _____

SIGNATURE: _____ Date: _____

DONOR PHONE: _____

ANY QUESTIONS, PLEASE CALL THE DIRECTOR OF GIFT PROCESSING AT (312) 362-8666
OR EMAIL US AT [GIVING@DEPAUL.EDU](mailto:giving@depaul.edu).

Please complete and mail the form to:

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