



**Juniata Scholarship Fund, 1700 Moore Street, Huntingdon, PA 16652  
Linda Carpenter, Director (814) 641-3111 carpenl@juniata.edu**

***Electronic Funds Transfer (EFT) Authorization Form***

With EFT, your annual gift to Juniata College will be spread over 12 monthly payments. By completing this form, you authorize Juniata College to instruct your financial institution to make gift payments from the account of your choice. Simply complete this authorization form, **attach a voided check**, and return to the address listed above. For a savings account, provide the name of the financial institution, the account routing number, and the bank I.D. number.

Within the next two months, you will begin to see the deducted amount on your account statement (deducted the first week of each month). The deductions will continue until you choose to cancel or change the amount of your monthly gift.

_____ Name	_____ Phone Number	
_____ Address	_____ E-Mail	
_____ City	_____ State	_____ Zip

Total amount deducted monthly (\$10 minimum) \$ \_\_\_\_\_

**Electronic Funds Statement of Authorization**

(will be kept on file at Juniata College)

I authorize my financial institution to transfer the amount indicated from the stated account to Juniata College. This authorization shall remain in effect until I notify my bank (or the College) that I wish to discontinue the regularly scheduled transfer of funds. A record of each charge will be included in my regular bank statement. I understand that I will receive an official College receipt showing a total of my EFT gifts soon after the end of the calendar year.

In the event of an error, I have the right to instruct my bank to reverse any charge. I understand that this must be done by written notice within 15 days of the date of the bank statement or within 45 days after the charge was made.

_____ Signature (required)	_____ Date
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***Please keep a copy of this form for your records.***