



ROBERTS WESLEYAN UNIVERSITY

ELECTRONIC FUNDS TRANSFER FORM

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Deduct my gifts from my (check one):

Checking (enclose a VOIDED check) Savings (enclose a deposit slip)

Financial Institution _____

Name of Branch & Address _____

I would like to have \$ _____ transferred from my bank account monthly on the

3rd of each month 15th of each month

Month to begin transfers: _____ (auto fill to current month if possible)

Designation: Roberts Fund Northeastern Fund

Other _____

Signature _____ Date _____

*For questions or to change or discontinue electronic transfers and credit or debit transactions, please contact us at 585-594-6500.