

ALLEGANY COLLEGE OF MARYLAND FOUNDATION

12401 WILLOWBROOK ROAD, SE CUMBERLAND, MD 21502

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Name:	
Address:	
City, State Zip:	
Phone Number (home and/or cell):	
E-mail:	

Electronic Funds Statement of Authorization (will be kept on file at ACM Foundation)

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

Signature:		Dat	e:		
Signature (joint account):		Dat	e:		
Deduct my gifts from (check one):					
Checking Account	Savings Account				
Financial Institution:					
Street Address:					
City:		State:	Zip Code:		
PLEASE ENCLOSE A DEPOSIT SLIP OR VOIDED	CHECK BEARING THE ACCOUNT NU	MBER OF THE CHECKING OR S	SAVINGS ACCOUNT INDICATED ABOVE.		
I wish to make monthly gift payments of (\$10 minimum), posting to my account on the:					
□ 1st of the month	15th of the month	Monthly Gift Amoun	t: \$		
Check one:					
□ Until my gift equals \$ or □ Until further notification					
My gift is (check one):	ted for the following purpose:				
Please Return Form and Deposit Slip or Voided Check to:					

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The ACM Foundation requests written notification from you to change the amount or frequency of payments or to cancel this gift arrangement. Please call the ACM Foundation at (301) 784-5200 with any questions.