



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: _____ Date: _____
Signature (joint account): _____ Date: _____

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 NUMBER OF THE CHECKING OR 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 Amount: \$ _____

Check one:

- Until my gift equals \$ _____ or Until further notification

My gift is (check one):

- Unrestricted or Designated for the following purpose: _____

Please Return Form and Deposit Slip or Voided Check to:

Allegany College of Maryland Foundation • 12401 Willowbrook Road, SE • Cumberland, MD 21502

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.