

IMSA Fund EFT Authorization Form

Yes, I want to save time and money in supporting IMSA and the IMSA Fund for Advancement of Education through my EFT contribution.

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Email _____

☐ Alumnus/a Class of: _____

☐ Current or Former IMSA Employee

☐ Parent of: _____

☐ Other: _____

I authorize the IMSA Fund for Advancement of Education to deduct from my

☐ Checking ☐ Savings account until further notice as follows (enter one figure):

\$ _____ monthly (\$5 minimum)

I designate that my gift be used for:

☐ Greatest Need (IMSA/IMSA Fund)

☐ Other – visit www.imsa.edu/giving for a complete list of other giving options:

☐ My company, _____, will match my gift. I enclose my employer's matching gift form indicating the total amount of my gift.

I enclose a voided, unused check for identification of my bank and account numbers.

Signature _____

Date Authorized _____

Please complete this form and mail it to:

IMSA Fund for Advancement of Education
1500 W. Sullivan Road
Aurora, IL 60506

If you have any questions, please contact us at (630) 907-5040 or giving@imsa.edu.

For Your Information

Your gifts will appear on your bank statement automatically. You will also receive a gift receipt at year-end from the IMSA Fund for your tax purposes.

To change the amount of your gift, please complete a new EFT Authorization Form. A change of banks requires a new voided check for bank and account identification. Contact us to cancel your authorization.

