

AUTOMATIC CONTRIBUTION TRANSFER (ACT) AUTHORIZATION FORM

To **ACT** now and set up monthly contribution transfers from your bank account to RIT, please complete this form and mail it to:

Office of Development, Records Department
Rochester Institute of Technology
116 Lomb Memorial Drive
Rochester, NY 14623-5608

With this form, enclose a check for your first month's gift made payable to Rochester Institute of Technology AND a voided check (write VOID across the face of a blank check) for processing. If you want the deduction to come from a savings account, send a check for your first month's gift AND a letter from your bank verifying the ABA/ Transit Number and the account number of that savings account. Transfers will begin 2-4 weeks after we receive your authorization. A minimum monthly gift of \$5 is required. Your gift will be automatically deducted on the **fifth of each month** or the closest business day following the fifth.

Name <i>(please print)</i>	Year of RIT graduation	Date of Birth
Home address	Social Security Number	
City	State	Zip
Home phone	Business phone	E-Mail

I authorize RIT to initiate a prearranged monthly direct debit of \$ _____ for a total gift of \$ _____ from the following financial institution:

Financial Institution Name:	
Type of Account:	<input type="radio"/> Checking (requires a voided check for processing) <input type="radio"/> Savings (requires a letter from your bank verifying the account number and ABA/transit number)
ABA Transit Number:	
	(the first nine digits encoded on your check)
Account Number:	

You may direct your gift to the program, college, school or department that means the most to you. For a full list of "Giving Choices," visit www.rit.edu/giving and select "make a gift."

Direct my gift to: _____

Signature	Date
-----------	------

Terms and Conditions: My authorization to transfer funds from my checking or savings account at my bank shall be the same as if I had personally signed a check to Rochester Institute of Technology. I understand that I am obligated to have sufficient funds in my account to pay the monthly direct debits I have authorized RIT to initiate. This authorization shall remain in effect until I notify RIT in writing that I wish to end this agreement and RIT has had a reasonable opportunity to act on my instructions. This agreement also may be terminated if RIT sends me written notice that they will end this agreement 10 days from receipt of notification. If I change banks, I will need to notify RIT of the change and submit a voided check or account verification with my new account information. Transactions will appear on my regular bank statement and will serve as my receipt. RIT will issue a calendar year-end document in January for tax reporting purposes.

Privacy Policy: Your privacy is important to RIT. Any information you provide on this form will be used only to credit your gift correctly. We will not use this information for any commercial undertaking. Also, this information will not be sold or shared with any other organization.