The University of Georgia

GEORGIA FUND

University of Georgia

Agreement for Preauthorized Payments

for Gifts by Automatic Bank Draft or Credit Card

Clear Form

Agreement for Preauthorized Bank Draft Payments

I hereby authorize and request the Arch Foundation for the University of Georgia, hereinafter called COMPANY, to initiate debit/credit entries to my account indicated below at the depository named below, hereinafter called DEPOSITORY.

The Arch Foundation for the University of Georgia

Company Name | Depository Name | Branch

City | State | Zip

Routing Number | Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name | Social Security Number

Signature | Date | Signature | Date

Agreement for Preauthorized Credit Card Payments

I authorize and request the Arch Foundation for the University of Georgia to charge my regular gifts to the following credit card account:

Credit Card Number | Expiration Date

❑VISA ❑MASTERCARD ❑AMERICAN EXPRESS ❑DISCOVER

Signature

Automatic Credit Card gifts may be terminated by written notice to the UGA Office of Development - Gift Accounting.

Total Amount Pledged through preauthorized payment $_____($5 per month minimum)

Option A: Deduct/Charge $_____ per month for _____ months.

Option B: Deduct/Charge $_____ per month until otherwise notified.

Gift Designation:

❑ **Unrestricted -- Use this gift where need is greatest**

❑ **Restricted as follows_____**

❑ **This authorization form replaces an existing preauthorized payment pledge to the Georgia Fund.**

Please return to: Gift Accounting ◆ UGA Office of Development ◆ Athens, GA ◆ 30602-5582

For more information, please contact us at: (706) 542-8119, toll-free at1-888-268-5442, or on the internet at *www.alumni.uga.edu/gafund*