



**Stanford**  
**University**

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Please return this form to:

Development Services  
Office of Development  
Frances C. Arrillaga Alumni Center  
326 Galvez Street  
Stanford, CA 94305-6105  
650.723.0020 fax

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

If you would like your spouse to be credited for half of this gift, please indicate his/her name: \_\_\_\_\_

I want to transfer \$ \_\_\_\_\_ per month (minimum \$10.00)

I want to transfer \$ \_\_\_\_\_ per quarter (minimum \$25.00)

I would like my gift to be designated to:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This authorization remains in effect until revoked in writing.  
Please attach a voided check (not a deposit slip)  
or voided savings deposit slip for bank verification.*

*Questions? Call 650.725.4360*