

DAKOTA WESLEYAN UNIVERSITY

ELECTRONIC FUND TRANSFER ENROLLMENT FORM

Date:	
Donor Name(s):	
Social Security Number(s):	
Mailing Address:	
Name on Account:	
Name of Bank:	
Address of Bank:	
Checking Account # or	
Savings Account #	
Amount Per Month:	
Beginning Date:**	15 th of
Ending Date if less than a year:**	15 th of
ABA #	
	(the number to the left of your checking/savings account number on your check)

Please receipt my gift to the following fund:

Wesleyan Fund

Other

I authorize Dakota Wesleyan University to deduct from my checking/savings account the amount listed above on the **15th of each month. This agreement will remain in effect for one year unless I provide written notice to Dakota Wesleyan University.

Signature: _____

Print Name: _____

Date: _____

Please attach a cancelled check from your account or a copy of your savings account deposit slip to verify information and to reduce the chance of errors. Return this form today to:

Dakota Wesleyan University
 Institutional Advancement Office
 1200 West University
 Mitchell SD 57301