

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Please mail completed form and voided check to:

MIT Office of the Recording Secretary  
Electronic Funds Transfer Program  
600 Memorial Drive, Third Floor  
Cambridge, MA 02139

Phone: 617-253-5048  
Fax: 617-258-8316  
E-mail: RecSec@mit.edu

### CONTACT INFORMATION

Legal name: \_\_\_\_\_

Class Year: \_\_\_\_\_ Course: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### FINANCIAL INFORMATION

Financial institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Institution routing number: \_\_\_\_\_

Your checking account number: \_\_\_\_\_

### GIFT INFORMATION

I authorize MIT to deduct from my  
checking account as follows:

\$ \_\_\_\_\_ per month (\$10 minimum)

OR

\$ \_\_\_\_\_ per quarter (\$25 minimum)

Designate my gift to:

- Scholarships
- Institute unrestricted  
(expendable)
- Other: \_\_\_\_\_

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

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

**IMPORTANT: PLEASE INCLUDE A VOIDED CHECK (NOT A DEPOSIT SLIP) FOR ACCOUNT VERIFICATION**  
*The Recording Secretary's Office will process your electronic gifts each month (or quarter) until notified to discontinue. To increase, decrease, or discontinue EFT giving, please contact the above address.*