

GIVING FUND TRANSFER REQUEST FORM

1. Recipient Inform	nation		
Giving Fund Name:_			
2. Contributor Info	ormation		
Name:			
Address:			
City:		State:	Zip:
Home Phone:		Cell:	
Email:			
3. Contribution Method (Please choose one)			
☐ Check Enclosed	d		
☐ Transfer from Ready Access			
☐ Transfer from Certificate* Account Number:			
☐ Transfer via ACH/EFT**			
For ACH/EFT or wire, please complete this section:			
Bank Name Last four digits of account number:			
*No penalty will be incurred for Donations made from a term investment into a Giving Fund. **Bank account must be on file. If not, please provide a voided check and/or wiring instructions.			
4. Amount and Frequency			
Contribution Amour	nt:		
☐ One time	Date of Cont	ribution:	
☐ Recurring	Date of Cont	ribution: Start Date	End Date
\square Monthly			
\square Quarterly			
5. Signature/Author	orization		
Name (Print):		Signature:	Date:
Name (Print):		Signature:	Date:

(Rev. 04/23)