



SIMPLE GIFTS AUTHORIZATION FORM

Agreement for preauthorized drafts

I/We hereby authorize Bluffton University to initiate debit entries to the credit card, debit card or bank account indicated below.

This authority is to remain in full force and effect until Bluffton University has received written notification from me/either of us of its termination.

Personal information

Name(s) Bluffton class year(s)

Address City, State and Zip

Phone Email

Gift debit options

Frequency: Monthly Quarterly Amount: \$ _____

Designation: Bluffton Fund Other, please specify _____

Deduct funds from checking account (attach voided check)

Charge credit/debit card: Discover MasterCard Visa

Card number

Expiration date CVV (3 digits on back of card)

Name on card

Signature Signature

Please return form and voided check, if applicable, to:

Bluffton University
Development Office
1 University Drive
Bluffton, OH 45817
800-488-3257, option 5

Thank you for supporting Bluffton University

