



West Point

ASSOCIATION OF GRADUATES

ELECTRONIC FUND TRANSFER

To initiate a monthly Electronic Fund Transfer, please complete the fields below. Your contributions will automatically be deducted from your checking account on or about the 15th of each month.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I (we) hereby authorize the Association of Graduates, United States Military Academy, to initiate EFT debits, and to initiate, if necessary, adjustments for any debits in error to my checking account indicated below and the depository bank named below. This authority is to remain in full force and effect until the Association of Graduates has received written notification from me of its termination in such time and manner as to afford both the Association of Graduates and my depository bank a reasonable opportunity to act upon it.

(Please include a blank voided check or a photocopy of a canceled check.)

Total Pledge: \$ _____ Installment Amount: \$ _____/mo. Start Month: _____

Fund: _____

Depository Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Signature: _____

Signature (if joint account): _____

Date: _____

Your employer may match your gift. Visit www.westpointaog.org/matchinggift or visit your human resources office to see if your (or your spouse's) company offers a matching gift program.

Return this form to:

West Point Association of Graduates
Attn: Gift Operations
698 Mills Road
West Point, NY 10996
giftoperations@wpaog.org
fax: 845-446-1693