Reset Form

Print Form

EFT Payment Form

Advancement Services

Please complete the information below and return to Advancement Office with a voided check:
Valparaiso University
Attn: Advancement Services
1700 Chapel Dr.
Valparaiso, IN 46383

Donor Name:

Street Address:

City: **State:** **Zip:**

Phone Number: **Email:**

EFT – ELECTRONIC FUNDS TRANSFER

I hereby authorize Valparaiso University to electronically withdraw the following payments:

Total Pledge Amount: Number of Payments: Monthly Amount:

Designation:

Matching Gifts(s)

I have attached a voided check or letter from bank with this request.

Signature: Date:

This above payment will be deducted on the 15th. If this falls on a weekend, transactions will be done after the 15th. This payment will continue until the Advancement Office receives written notice of its termination.

Should you have any questions or need additional information, please contact our Advancement Services Staff as 219.464.5110 or by email at Advancement.Services@valpo.edu.