

Yes, I would like to give a sustaining gift to (fund name)	
using the security and	convenience of Electronic Check Processing.
Amount of Gift: \$ each (mon	th/quarter/year)
to be withdrawn on the 15th of the month, or the first busin	less day thereafter. Date of first withdrawal:
(mm/yy).	
As a duly authorized check signer on the financial institution UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION telephone that correspond with the financial institution accountiversity of California, Berkeley Foundation For accounting purposes, all electronic debits will be reflect the financial institution account identified herein and pape be returned to me by the corresponding B ank or the UNIVE	to convert paper checks, facsimile checks and/ or checks by ount identified herein, and which are received by the as gifts from me, into electronic debits. ted in the monthly bank statement that corresponds with r checks, after conversion, will become VOID and will not
I understand and authorize all of the above	as evidenced by my signature below.
Authorizing Signature	Date
Print Name	Contact Number (s)
Print Name	Contact Number (s)
Financial Institution Account Identifying In	ITOTMATION on fields provided below and attach a blank VOID chack:

Enter financial institution account information into the fields provided below <u>and</u> attach **a blank VOID check:**

Financial institution	Branch	
City	State	Zip
Transit/aba#		
Transit/aba#		

Send original of this document and blank VOID check to:

Catalina "Catie" Cariaga **Boalt Hall Alumni Center** University of California 2000 Center Street, 4th Floor Berkeley, CA 94704-7220