

Automatic Monthly Gift Deduction Authorization Agreement

Please enroll me (us) in the Automatic Monthly Gift Deduction program.

Name(s) _____

Phone _____

Street address _____

City _____ State _____ Zip _____

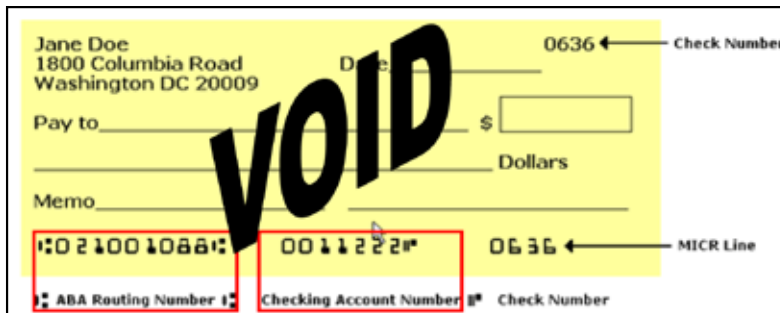
Monthly gift deduction amount \$ _____ Draft funds from my checking account **or**
 Draft funds from my savings account

Annual Fund Gift Other Gift Designation _____

In most cases you can expect your gift deductions to begin during the current month's cycle, provided we receive your authorization prior to the 15th. However, if your authorization arrives on or immediately following the 15th, please be aware that your first deduction may take as long as 30 days to begin. Your gift is 100% tax deductible.

BANK DRAFT OPTION *(Please remember to attach a voided preprinted check or savings deposit slip)*

I (We) hereby authorize The University of Texas Health Science Center at San Antonio to initiate debit entries to my (our) bank account indicated below and the financial institution below, to debit the same monthly gift amount to such account.



Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing No. _____

Account No. _____

CREDIT CARD OPTION

I (We) hereby authorize The University of Texas Health Science Center at San Antonio to initiate monthly charges to my (our) credit card indicated below.

Type of card: Visa MasterCard Discover

Account No. _____ Exp. Date _____

This authority to remain in full force and effect until The University of Texas Health Science Center at San Antonio has received written notification from me (us) of its termination in such time and manner as to afford The UT Health Science Center San Antonio a reasonable opportunity to act upon my (our) request.

Signature _____ Date _____

Please mail to: The University of Texas Health Science Center at San Antonio
 Office of Development, MC 7835
 7703 Floyd Curl Drive
 San Antonio, TX 78229-3900