



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT**

I (we) hereby authorize and request the Harvard Management Company, acting on behalf of the President and Fellows of Harvard College, hereinafter called HARVARD, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by HARVARD to such account and to credit the same to such account without responsibility for the correctness thereof:

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Depositor Account Number: \_\_\_\_\_

Type of Account: checking \_\_\_\_\_ savings \_\_\_\_\_

ABA Number: \_\_\_\_\_

*Note: The ABA number identifies your bank and can be found on your personal checks. This number is the nine digit number immediately preceding your checking account number in the lower left hand corner of the check.*

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to HARVARD or BANK. Any such notification to HARVARD shall be effective only with respect to entries initiated by HARVARD after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

Please check the appropriate account(s) below:

- |                                                  |                                |
|--------------------------------------------------|--------------------------------|
| _____ Harvard Charitable Gift Annuity            | _____ Harvard Balanced Fund    |
| _____ Harvard Charitable Remainder Annuity Trust | _____ Harvard Growth Fund      |
| _____ Harvard Charitable Remainder Unitrust      | _____ Harvard Life Return Fund |

Participant Name(s): (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Please complete and return this form, together with a voided blank check, to:

Harvard University  
University Planned Giving  
124 Mount Auburn Street  
Cambridge, MA 02138-5795