

The following is the direct deposit form. Please fill out the form and return it in the enclosed pre-addressed envelope.

Fund Account Name: URI Foundation Gift Annuity Fund

Income Beneficiaries:

Name: _____

Phone Number: _____

(In case we need to contact you about this information)

Please fill all items below and attach a voided check. Thank you.

Bank Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Checking Savings

Routing Number: _____

Contact person at bank: _____

Phone #: _____

Please select: Physical Check to Bank ACH (Electronic Transfer)

Requested by: _____

SIGNATURE(S) OF DONOR(S)

Please send a voided check. Thank you.