



Terrapin Club Electronic Bank Draft Authorization

The University of Maryland College Park (UMCP) Foundation's Electronic Funds Transfer charitable contribution program is an easy and efficient way to make your contribution to the Terrapin Club. By completing and returning this form, you will be on your way to taking advantage of this program. You can expect the first debit to occur approximately 5-10 business days after the form is received in our office. Subsequent debits will occur approximately the 15th of each month. The authorization to debit your account will remain in effect until we have received written notification from you of its termination, and the UMCP Foundation has had reasonable opportunity to act on it. Your monthly bank statement will adequately describe this debit when it occurs, and you will receive monthly tax receipts from the UMCP Foundation. **PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION AND RETURN TO: TERRAPIN CLUB, 2707 COMCAST CENTER, TERRAPIN TRAIL, COLLEGE PARK, MD 20742. This program runs on a fiscal year schedule (July thru June). All memberships are due in full by June 30. If you have a balance you will be sent a balance due reminder.**

Terrapin Club Levels of Membership

Monthly Debit Amount

Director's Circle	\$25,000	\$2,083.40
Top Terp	\$10,000	\$ 833.34
Coaches Club	\$5,000	\$ 416.67
Super Terrapin	\$2,000	\$ 166.67
Diamondback	\$1,200	\$ 100.00
Gold	\$600	\$ 50.00
Silver 250	\$250	\$ 20.84
Silver	\$125	\$ 10.42
Bronze	\$50	N/A

Terrapin Club Membership Pledge: \$ _____ Monthly Debit Amount: \$ _____

I (we) hereby authorize the University of Maryland College Park Foundation, hereinafter called UMCP Foundation, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until the UMCP Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the UMCP Foundation and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Patron Number _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.