| | (CONTAG |) | |
|--|---|---------------------------------|--------|
| NAME | CONTAC | T NUMBER | |
| I would like my gift to go to: | | | |
| | | | |
| To be withdrawn on the 15th o | of the month, or the first business day t | hereafter. | |
| Monthly / Quarterly / Semi-an | nually / Annually: | | |
| Date of first withdrawal: | | | (MM/YY |
| NANCIAL INSTITUTION ACCOUN | | | |
| nter financial institution account inf | formation into the fields provided below | w and attach a blank VOID check | ζ: |
| FINANCIAL INSTITUTION | BRANCH | | |
| | | | |
| СІТҮ | STATE | ZIP | |

As a duly authorized check signer on the financial institution account identified herein, I hereby authorize the UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION to convert paper checks, facsimile checks and/or checks by telephone that correspond with the financial institution account identified herein, and which are received by the UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION as gifts from me, into electronic debits.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified herein and paper checks, after conversion, will become VOID and will not be returned to me by the corresponding Bank or the UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION.

| I understand and authorize all of the above as evidenced by my signature below. | | |
|---|------|--|
| | | |
| AUTHORIZING SIGNATURE | DATE | |

Send original of this document to:
University of California, Berkeley Foundation
Attn: Gift Administration
2080 Addison Street # 4200

If you have any questions, please call (510) 643-9809.

Berkeley, CA 94720-4200

U5920A UpdateEFT_Form4.indd 1 3/23/07 11:32:52 AM

^{*}The University of California, Berkeley Foundation (UCBF) is organized to encourage private gifts, trusts, and bequests for the benefit of the University of California, Berkeley.