

Electronic Draft Gift
Authorization Form (EDGE)
for the
GPS Annual Fund

Please Print

First Name Middle Last

Maiden Name Class Year

Home Street Address

City/State/Zip

Home Phone E-mail

Daytime Phone (if different from home phone)

□□□-□□-□□□□

Your Social Security Number

I hereby authorize GPS to initiate debit entries from my checking account for the amount indicated on the reverse side.

Your Signature Date

Secondary Account Holder Signature Date

Financial Institution (bank, credit union, etc.)

Name of Branch Office

Street Address

City/State/Zip

Checking Account Routing Number

Checking Account Number

I wish to make monthly gift payments of \$_____ (\$10 minimum required)

OR

I wish to give a total of \$_____ before the end of the current fiscal year (June 30). Please divide my monthly payments accordingly to reach this total (\$10 per month minimum).

IMPORTANT:

- Please continue deduction at above rate until further notice.
- If you elect not to check the box above, EDGE payments will continue until June 30, at which time you will be given the option to renew your EDGE commitment for the new fiscal year.
 - Written notice must be provided to GPS and your bank to change the amount of your monthly payments or to cancel this gift arrangement. For your security we cannot accept changes by telephone.
 - You must enclose a voided check bearing the account number of the checking account from which your gift payments are to be deducted.
 - Gift deductions will be transacted on the 15th of each calendar month.

Please mail your completed EDGE form and voided check to:

Girls Preparatory School
Development Office
P.O. Box 4736
Chattanooga, TN 37405

QUESTIONS?

Contact Anita Vetter
Phone: (423) 634-7610
E-mail: anita@gps.edu