

Thank you for your support!

ELECTRONIC FUNDS TRANSFER

Authorization Agreement for Direct Contributions (ACH)

Date _____

I/we, authorize the Oregon State University Foundation to initiate contribution withdrawals to my/our account described below:

Checking Account No. _____

Savings Account No. _____

Financial Institution Name _____

Financial Institution Address _____

This authority is to remain in full force and effect until the OSU Foundation has received written notification from me of its termination or at the ending date noted below.

Signature(s) _____

Full Name(s) _____

Address _____

Telephone _____ Home Work Cell

Email _____

Total Amount _____ Amount Taken Monthly _____

Starting Date _____ Ending Date _____

Gift Designation _____

Attach a voided check here:

[*Voided Check*]

Return this completed form to: Oregon State University Foundation, 850 SW 35th St., Corvallis, OR 97333-4015
Questions? Call 800-354-7281 or email OSUF_GiftPro@oregonstate.edu.

The Automated Clearing House (ACH) is a highly reliable and efficient nationwide system which provides for electronic funds transfer between financial institutions.