



Electronic Funds Transfer Authorization
(Please include a voided blank check or deposit slip with this form)

Step 1

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (H) (_____) _____ (W) (_____) _____ (C) _____

Email: _____

Step 2

Please deduct \$_____ each month. (EFT deduction is made on or before the 15th of each month)

Financial Institution _____

ABA# _____ Account # _____

Step 3

I/We wish to designate my gift to:

- Area of greatest need
- School of _____
- Scholarship: _____
- Fund for LSSU (Annual Fund)
- Other _____

Step 4

I/We hereby authorize the amount to be deducted (minimum \$10 per month) from my account indicated above and paid to Lake Superior State University Foundation in accordance with conditions stated. This authorization shall remain in full force and effect until the LSSU Foundation has received a 30-day written notification of its termination.

Upon receiving your authorization form, we will send a confirmation and notification of when your automatic deduction will commence. A record of your payment will be stated on your monthly bank statement, and at year-end, the LSSU Foundation will provide you with a gift receipt of your monthly gifts for tax purposes. All information you provide to the LSSU Foundation will be kept in strict confidence. Once your EFT is established, if you wish to change your monthly automatic payment, simply contact the LSSU Foundation at 906-635-2665 or foundation@lssu.edu to request a new authorization form. Or, if you change your financial institution, please provide a voided blank check or deposit slip with your new account number to the LSSU Foundation. You may terminate your participation in the electronic fund transfer program at any time. However, we ask that you provide a 30-day written notification to the LSSU Foundation. Cancellation will become effective 15 days after the written notice of your cancellation is received.

Signature: _____ Date: _____

**Submit signed form via mail, fax, or email along with your voided blank check or deposit slip to:
LSSU Foundation, 650 W. Easterday Ave, Sault Ste. Marie, MI 49783
Fax: 906-635-2856 foundation@lssu.edu**