



## Electronic Funds Transfer Authorization

Please be sure to include a voided blank check with this form

### Step 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) (\_\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Step 2

Please deduct \$ \_\_\_\_\_ each month.

Please deduct my gift on:  first of each month  10th of each month

Bank: \_\_\_\_\_ ABA & Account # \_\_\_\_\_

### Step 3

I/We wish to designate my gift to:

Area of greatest need

Fund for LSSU (Annual Fund)

School of \_\_\_\_\_

Other \_\_\_\_\_

### Step 4

I/We hereby authorize the amount below to be dedicated (minimum \$10 per month) from my account indicated below and pay to Lake Superior State University Foundation the amount indicated in accordance with conditions state below. This authorization shall remain in full force and effect until the LSSU Foundation has received a 30-day written notification of its termination. Without writing a check or having to mail it in - you can easily fund the future of Lake State. Your gift can now be automatically deducted from your checking or savings account no matter where you bank. Your authorization to automatically charge your account has the same effect as a personally signed check to the LSSU Foundation. It will allow your financial institution to deduct your pledge amount on the first or fifteenth day of each month.

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 included in your bank statement, and at year-end, the LSSU Foundation will provide you with a detailed report of your monthly gift 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 effect 15 days after LSSU Foundation receives written notice of your cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax this form along with your voided blank check to:  
LSSU Foundation, 650 W. Easterday Ave, Sault Ste. Marie, MI 49783  
Fax: 906-635-2856