

SOUTHERN OREGON UNIVERSITY FOUNDATION

1250 Siskiyou Boulevard • Ashland, OR 97520 • (541) 552-6127 • www.soufoundation.org

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM

Thank you for your commitment to Southern Oregon University. When you participate in the EFT program, your gift will be automatically transferred each month from your bank or credit card account directly to Southern Oregon University Foundation.

A record of each gift will appear on your bank or credit card statement. You may increase, decrease or suspend your gift at any time by contacting us at 541-552-6127 or by mailing your request to the SOU Foundation at 1250 Siskiyou Blvd, Ashland, OR 97520. All gifts provided to Southern Oregon University Foundation originating as ACH transactions comply with U.S. law.

Here's how to start . . .

1. Use the form below to indicate the amount you want to contribute each period from your account. Indicate amount here and keep for your records: \$ _____ on an Ongoing Basis or for _____ periods for a total of \$ _____.
2. Be sure to provide your signature and date.
3. Return the completed enrollment form with either a check made payable to the **SOU Foundation** for your first gift or your credit card information. Your EFT gifts will begin transferring in about four weeks.



Please sign me up for the Southern Oregon University Foundation EFT program!

I want to give a Monthly Quarterly Semi-Annual Annual gift of \$ _____ starting on ____/____/____.

Please accept this gift on an Ongoing Basis deducted on the 5th or the 20th of the month, or for _____ periods for a total of \$ _____ deducted on the 5th or the 20th of the month.

Apply to: The SOU Annual Fund _____

Other (please specify) _____

Enclosed is a check for my first gift. Please transfer my future gifts from my checking account. I understand my future gifts will be transferred directly from my account.

Please transfer my gifts from my credit card. I understand my gifts will be transferred directly from my credit card.

Visa

MasterCard

Discover

American Express

Card #:

Exp. Date:

Name: _____

Address: _____

City, St Zip: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

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