



Concordia

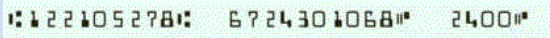
UNIVERSITY • SAINT PAUL

Electronic Funds Transfer Authorization Form

To set up an EFT gift please mail this form and a voided check to the Office of Advancement at Concordia University, St. Paul at 1282 Concordia Ave, St. Paul, MN 55104.

Name of the Organization: CONCORDIA UNIVERSITY, ST. PAUL		
First Name:	Last Name:	
Home Address:		
City:	State:	Zip:
Phone:	Email Address:	

Reoccurring Gifts Date of First Donation: ___/___/_____ Date of Last Donation:(optional) ___/___/_____ One Time Gift: ___/___/_____ 	Frequency of Reoccurring Gift: <i>(please circle one)</i> Monthly on the 1st Monthly on the 15th Bi-Weekly (paydays) Other _____ 	Amount of Each Donation: \$ _____ Designation <i>(please circle one)</i> Opportunity Fund Other (Please Specify) _____
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Please Debit Donation from my: (check one) <input type="checkbox"/> Checking (attach a voided check below) <input type="checkbox"/> Savings (contact your bank for routing number)	Routing Number: _____ Account Number: _____  <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border-top: 1px solid black;">Routing Number</td> <td style="border-top: 1px solid black;">Account Number</td> <td style="border-top: 1px solid black;">Check Number</td> </tr> </table>	Routing Number	Account Number	Check Number
Routing Number	Account Number	Check Number		

AGREEMENT
 I authorize Concordia University St. Paul and Vanco Services LLC to process debit entries to my account. I understand that this authority will remain in effect until the "Date of Last Donation" or until I provide reasonable notification to terminate this authorization.

Authorized Signature: _____ Date: _____

Please attach a **voided** check to this document.