

**GIFT ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

**CCAA Power 10 Campaign # 10362**

WSU FOUNDATION  
TOWN CENTRE 201  
PULLMAN, WA 99164-1927

By completing and returning this form to the WSU Foundation, you are establishing an easier and less costly method of making your gift to Washington State University. If you have any questions, contact the WSU Foundation; telephone 509-335-1686. **NOTE: If you do not specify an expiration date for this authorization or maximum total contribution, the WSU Foundation will continue to deduct the specified monthly amount from your bank account until you notify us in writing.**

GIFT(S) DESIGNATED TO			
Men's Crew Fund 17A 6800-9200			↓ Write CONTINUOUS here to make EFT indefinite ↓
AMOUNT PER MONTH	UNTIL THIS AMOUNT IS REACHED	OR	A ONE-TIME PAYMENT OF
\$	\$		\$
INDICATE ON WHICH DAY(S) OF MONTH GIFT IS TO BE DEDUCTED FROM YOUR ACCOUNT			
<input type="checkbox"/> 1ST <input type="checkbox"/> 15TH <input type="checkbox"/> BOTH (1ST AND 15TH)			
NAME (Print or type first and last name)			
SPOUSE NAME (Print or type first and last name)			
PREFERRED ADDRESS (If different than address on attached check)			
HOME TELEPHONE NO.		WORK TELEPHONE NO.	

**I hereby authorize:**

- Washington State University Foundation to initiate debit entries to my bank account at the financial institution named on the check attached below, and
- My bank or credit union to make debit entries to my account as "WSUF Gift" and to submit a preauthorized bank account draft for the debit amount to the WSU Foundation.

**I understand that:**

- Unless I specify an expiration date or a maximum total gift amount, this authorization remains in effect and the WSU Foundation continues deducting the specified monthly amount until cancelled in writing.
- I should anticipate the first debit entry approximately eight days after the WSU Foundation receives my authorization form.
- Each subsequent transaction takes place on the date I specified above, i.e., 1st or 15th of the month.
- I must complete a new authorization if I change banks or credit unions, or close my account.

SIGNATURE 1	SIGNATURE 2 (Spouse)	DATE
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**ATTACH A VOIDED PREPRINTED CHECK WHICH INCLUDES NAME AND ADDRESS.**  
Checks without preprinted name and address (e.g., counter checks) and deposit slips are NOT accepted.

**IMPORTANT:** Do not mark over the numbers on the bottom of the check.

