SCSU FOUNDATION, INC.
ACH DEBIT AUTHORIZATION FORM

DONOR INFORMATION

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # (_____) _____ Day Time Phone # (_____) _____

AUTHORIZATION AGREEMENT: I (we) hereby authorize SCSU Foundation, Inc. to initiate debit entries to my (our) checking or savings account indicated below and the financial institution named below to debit the same to such account. In the event my ACH debit is returned unpaid, I agree that a fee as allowable by law will be charged to my account via ACH debit.

Signature _____ Date _____

COMPANY INFORMATION

Name: SCSU Foundation, Inc. Taxpayer ID No.: 23-7113930 Contact Person: David O. Igiozee

Address: PO Box 7187, SCSU, Orangeburg, SC 29117 Telephone Number (803) 516-4898 or (803) 516-4722

FINANCIAL INSTITUTION INFORMATION

Name: _____

Address _____

City _____ State _____ Zip _____

9-Digit Routing Transit Number ____ ____ ____ ____ ____ ____ ____ ____ _____

Account Number _____

Type of Account (check one): □ Checking □ Savings Amount: $_____

Frequency (check one): □ Monthly Recurring Debit: □ One Time Debit: Start Date: _____

Debits will be processed on the 1st of each month. If the 1st falls on a weekend, processing will take place on the following Monday.

GIFT DESIGNATION

□ $_____, Endowment Fund □ $_____, General Scholarship Fund □ $_____, Scholarship Gala
□ $_____, President's Scholarship Fund □ $_____, Unrestricted Fund □ $_____, STATE Club

Reminder:
Fax completed form to (803) 536-8429 or mail to SCSU Foundation, Inc., PO Box 7187, Orangeburg, SC 29117.

Thank you for supporting SC State University via the SCSU Foundation, Inc.

Revised: December 2012