

SCSU FOUNDATION, INC.
ACH DEBIT AUTHORIZATION FORM

DONOR INFORMATION

(Please print) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell Phone # (_____) _____ E-mail Address _____

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: Angelia P. Jackson

Address: PO Box 7187, SCSU, Orangeburg, SC 29117 Telephone Number (803) 536-7190

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 12-Month Debit One Time Debit Start Date: _____ End 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 or Tuesday.

GIFT DESIGNATION

- \$ _____, Endowment Fund \$ _____, General Scholarship Fund \$ _____, Scholarship Gala
 \$ _____, President's Scholarship Fund \$ _____, Unrestricted Fund \$ _____, STATE Club
 \$ _____, Class of _____ \$ _____, Other/Please specify: _____

Reminder:

Fax completed form to (803) 536-8429, or mail to SCSU Foundation, Inc., PO Box 7187, Orangeburg, SC 29117, or email to ajackson@scsu.edu.

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