

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

CONTACT INFORMATION

Name: _____ Class of: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

GIFT INFORMATION

I authorize OWU to deduct from my bank account:

\$_____ per month Choose one: 1st of every month 15th of every month

Please designate my gift to: Ohio Wesleyan – Area of Greatest Need
 Other: _____
(Please be specific: Fund Name, description, etc.)

BANKING INFORMATION

Financial Institution Name _____

ACH Routing # _____ Account# _____

Type of account: Checking Savings

Anticipate the first debit from your account up to 30 business days after we have received your authorization.

IMPORTANT: Please enclose a voided check to this form for account verification.

AUTHORIZATION

I hereby authorize Ohio Wesleyan University to initiate debit entries to my account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Signature _____ Date _____

This authority is to remain in full force and effect until OWU has received **written notification** from me of its termination 30 days in advance.

**Please Return Form and Voided
Check to:**

Ohio Wesleyan University
61 S. Sandusky Street
Delaware, OH 43015
Attn: Gift Processor, Jaime Douce

Receipt: Monthly
 Consolidated at year end

For any questions or concerns, please contact Advancement Operations by calling 740-368-3315 or emailing advancementoperations@owu.edu