



ELECTRONIC GIFT TRANSFER AUTHORIZATION FORM

Date: _____

First/Middle/Last Name: _____ Suffix: _____

Address: _____

CITY

STATE

ZIP

Home Phone (_____) _____ Work Phone (_____) _____

Email: _____

I hereby authorize the Florida State University Foundation to initiate debit entries to my account as indicated below.

Signature: _____ Date: _____

Signature (joint account): _____ Date: _____

Deduct my gifts from (check one):

- Checking Account Savings Account

Financial Institution: _____

Street Address/Branch Office: _____

City: _____ State: _____ Zip code: _____

PLEASE ENCLOSE A DEPOSIT SLIP OR VOIDED CHECK BEARING THE ACCOUNT NUMBER OF THE CHECKING OR SAVINGS ACCOUNT INDICATED ABOVE

I wish to make monthly payments of \$ _____ (\$10 minimum)
posting to my account on the: 1st of the month 15th of the month

Check one:

Until my gift equals \$ _____

or

Until further notification

or

For a period of 6 months 12 months 24 months 36 months

My gift is (check one):

Unrestricted

Designated for the following purpose: _____

Joint gift with:

First/Middle/Last Name: _____

Relationship: Spouse Life Partner

My gift will be matched by: _____

IMPORTANT

The FSU Foundation needs written notification from you to change the amount or frequency of payments or to cancel this gift arrangement. For your security, we cannot accept changes online, by email or by telephone. Please call Gift Services at the FSU Foundation at (850) 644-6000 with any questions.