



PANHANDLE STATE FOUNDATION

P.O. Box 430 * Goodwell, OK 73939 * opsufoundation@opsu.edu
580-349-1392 or 1-800-664-6778 ext. 1392

MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Authorization involves the following steps:

1. Fill in the following page **completely**.
2. Return this authorization form and a voided check to Panhandle State Foundation.

I (We) hereby authorize Panhandle State Foundation to initiate entries to my checking / savings account at the financial institute listed below, and, if necessary, initiate adjustments for any transactions credited / debited in error. This authorization will remain in effect until Panhandle State Foundation is notified by me (us) in writing to cancel it in such time as to afford PSF and the financial institution a reasonable opportunity to act on it. Until further notice, this will authorize you to honor a draft on my account by the Panhandle State Foundation on or around the 5th day of each month.

IN THE AMOUNT OF \$ _____ PER MONTH

TO _____

NAME OF BANK OR FINANCIAL INSTITUTION

ADDRESS OF BANK / FINANCIAL INSTITUTION – BRANCH

CITY

STATE

ZIP

CHECKING SAVINGS ACCOUNT NUMBER _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

LOOK BETWEEN THESE SYMBOLS | : | ON BOTTOM LEFT OF CHECK

FROM:

YOUR PRINTED NAME AS IT APPEARS ON ACCOUNT

ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE

E-MAIL

SIGNATURE

DATE

Please designate my gift to: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.