



## 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.**