Electronic Funds Transfer Agreement (EFT)

OLIVET NAZARENE UNIVERSITY

Authorization to automatically withdraw funds to pay Olivet Nazarene University or Olivet Nazarene University Foundation.

PERSONAL INFORMATION:

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL/MOBILE _____

EMAIL ADDRESS _____

Monthly Gift Amount: $ _____ ($10/month minimum)

Gift Designation (if any): _____

FULFILLMENT: FINANCIAL INSTITUTION INFORMATION

Make the monthly deduction from my (Check One): ☐ Checking Account or ☐ Savings Account

from: BANK NAME _____ CITY AND STATE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

bottom of check

⑆ 1234567890 ⑆ 12345678 4210

Routing Number *Account Number* *Check Number*

NOTE: All transactions will occur on the 20th of the month or the following business day if the 20th is a weekend/holiday. Please start the transfer the month of (mm/yyyy) _____ / _____

ending date (mm/yyyy) _____ / _____

I hereby authorize Olivet Nazarene University to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my Depository, named above, and for my Depository to debit and/or credit the same such account. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. The authority shall remain in full force and effect until the ending date listed above or upon ONU receiving official notice from me of its early termination in such time and in such manner as to afford ONU and depository, named above, a reasonable opportunity to act upon it.

SIGNATURE _____ DATE _____

SEND TO: Olivet Nazarene University • Office of Development • One University Avenue • Bourbonnais, IL 60914