



Electronic Funds Transfer Agreement (EFT)

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

Personal Information:

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cel Phone _____

Email _____

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

Gift Designation (if any): _____

Fulfillment: Financial Institution Information:

Make the deduction from my (check one): Checking Account Savings Account

from: Bank Name _____

City _____ State _____ ZIP _____

Routing Number _____

Account Number _____

bottom
of check

Routing Number

Account Number

Check Number

NOTE: You may choose the date of the month for your donation to process.

Please start the transfer on (mm/dd/yyyy) _____/_____/_____

ending date (mm/dd/yyyy) _____/_____/_____

I hereby authorize Olivet Nazarene University to initiate debit entries and to initiate, if necessary, credit entries and adjustments 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 organization 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 _____