



**Electronic Funds Transfer Authorization**  
(Please include a voided blank check or deposit slip with this form)

**Step 1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C) \_\_\_\_\_  
Email: \_\_\_\_\_

**Step 2**

Please deduct \$ \_\_\_\_\_ each month. (EFT deduction date:  1st of each month  10th of each month  20th of each month)  
Financial Institution \_\_\_\_\_  
ABA# \_\_\_\_\_ Account # \_\_\_\_\_

**Step 3**

I/We wish to designate my gift to:

- |   |   |
|---|---|
| <input type="checkbox"/> Area of greatest need    | <input type="checkbox"/> Fund for LSSU (Annual Fund)          |
| <input type="checkbox"/> Laker Impact Scholarship | <input type="checkbox"/> Bud Mansfield Student Emergency Fund |
| <input type="checkbox"/> School of _____          | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Scholarship _____        |   |

**Step 4**

*I/We hereby authorize the amount to be deducted (minimum \$10 per month) from my account indicated above and paid to Lake Superior State University Foundation in accordance with conditions stated. This authorization shall remain in full force and effect until the LSSU Foundation has received a 30-day written notification of its termination.*

*Upon receiving your authorization form, we will send a confirmation and notification of when your automatic deduction will commence. A record of your payment will be stated on your monthly bank statement, and at year-end, the LSSU Foundation will provide you with a gift receipt of your monthly gifts for tax purposes. All information you provide to the LSSU Foundation will be kept in strict confidence. Once your EFT is established, if you wish to change your monthly automatic payment, simply contact the LSSU Foundation at 906-635-2665 or foundation@lssu.edu to request a new authorization form. Or, if you change your financial institution, please provide a voided blank check or deposit slip with your new account number to the LSSU Foundation. You may terminate your participation in the electronic fund transfer program at any time. However, we ask that you provide a 30-day written notification to the LSSU Foundation. Cancellation will become effective 15 days after the written notice of your cancellation is received.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit signed form via mail, fax, or email along with your voided blank check or deposit slip to:  
LSSU Foundation, 650 W. Easterday Ave, Sault Ste. Marie, MI 49783  
Fax: 906-635-2856 foundation@lssu.edu**