LAKE SUPERIOR STATE UNIVERSITY

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 $_____ (*EFT deduction is made on or before the 15th of each month*)

*Financial Institution*_____

ABA# _____ *Account #*_____

Step 3

I/We wish to designate my gift to:

☐ Fund for LSSU (Area of greatest need)

☐ Center for Freshwater Research & Education (CFRE)

☐ School of _____

☐ Other _____

☐ Scholarship:_____

Step 4

I/We hereby authorize the amount to be deducted (minimum $10) from my account indicated above and paid to Lake Superior State University in accordance with conditions stated. 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 bank statement, and the LSSU Advancement Office will provide you with a gift receipt of your gift for tax purposes. All information you provide to the LSSU will be kept in strict confidence.

Signature: _____ Date: _____

Submit signed form via mail or email along with your (scanned) voided blank check or deposit slip to:
LSSU Advancement Office, 650 W. Easterday Ave, Sault Ste. Marie, MI 49783
906-635-2665 advancement@lssu.edu