

## **Authorization Agreement for Direct Donations (ACH Debits)**

Name:			
	to take advantage of the securit Samford University.	y and convenience of electronic funds tra	insfer for purposes of making
funds transfe	er debits from the account listed	institution account identified below, I aut d below for contributions to Samford Uni nt must comply with the provisions of the	versity. I acknowledge that the
		nic debit(s) should be returned by my fina aw) per item by electronic debit from the	
		ts will occur on or about the 15 <sup>th</sup> of each with the financial institution account iden	
termination i		and effect until Samford University has reasonant to:	
Sami	ford University Controller's	Office 800 Lakeshore Drive Birmin	gham, AL 35229
Single do	onation of \$ or	Equal recurring monthly donati	on of \$
Gift designat	ion(s):		
I understand	and authorize all of the above.		
Signature:			
Financial Ins	titution account "identifying in	formation":	
Enter financi	ial institution account informat	tion in the fields provided below or attac	ch a blank VOID check.
	Financial institution:	Branch:	
	City:	State:	ZIP CODE:
Complete or attach Blank	Transit/ABA #	Account #	

Voided Check

If you need help identifying your Transit/ABA# and Account #, see next page for diagram.

## **Example**

