



GEORGE FOX
UNIVERSITY

Simplify Your Life!

Electronic Funds Transfer Authorization

New Authorization

Change of Prior Authorization

I give permission to transfer the following amount from my account to George Fox University each month:

Total monthly deduction will be _____

(Cannot be less than)

Make a monthly deduction from my account (voided check attached).

Designate my gift for: _____

I prefer the monthly transfer date of (check one):

the the To start in the month of _____

Bank name _____

Bank phone number _____

This authorization to withdraw funds from my bank account is the same as if I write a monthly check to George Fox University. This agreement will remain in effect until I contact the Office of Advancement with instructions to end this agreement. George Fox will have three business days to act on my instructions. I have read, understand and agree with the information on this and have provided the needed information.

Signature _____ Date _____

Print name _____

This form is for ongoing monthly giving. If you are interested in giving a one-time gift by electronic check or credit card, please go to georgefox.edu/dev/secure_giving.html.

Please print this form and send it to:
George Fox University, 414 N. Meridian #6256, Newberg, OR 97132
or fax it to 503-554-3888