



Automatic Bank Draft Authorization

Name _____
(please print)

Address _____

City _____ State _____ Zip Code _____ Phone _____

Financial Institution _____

City _____ State _____ Zip Code _____ Phone _____

Important: Please return voided check or photocopy of voided check with this form to ensure accurate processing.

Automatic Gift Authorization

I authorize the Northeastern State University Foundation, Inc. to deduct \$ _____ per month from my checking/savings account designated for _____.

This deduction is effective on the first business day of each month beginning _____ (month/year) and ending (please check one):

_____ (month/year).

when I notify the NSU Foundation.

I have reviewed the information contained in this authorization and agree to the terms and conditions.

Date _____ Signature _____

Return this form and a voided check to:

**NSU Foundation, Inc.
Northeastern State University
812 N. Cedar Ave.
Tahlequah, OK 74464**

For additional information, please phone 1-918-458-2143 or 1-918-456-5511, Ext. 4200.