



## Electronic Funds Transfer Authorization Agreement

### Gift Information

I authorize the Snow College Foundation to withdraw \$\_\_\_\_\_ on the first day of each month, beginning \_\_\_\_\_ for \_\_\_\_\_ months.  
Month/Year

### **Please direct my gift as follows:**

- Snow College Annual Fund       Heritage Scholarship Fund  
 Alumni Scholarship Fund       Other (please specify) \_\_\_\_\_

*(If no end date is specified, the Snow College Foundation will continue withdrawals until written notification of termination is received.)*

### Transfer Information

Bank/Branch Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

A record of each transaction will appear on your regular bank statement.

A donation receipt will be sent to the donor at year end.

\* Please include a voided check/savings deposit slip, along with this form, and mail to:

Snow College Foundation  
150 East College Avenue, Box 1040  
Ephraim, UT 84627-1550

\* Checks without preprinted name and address (e.g., counter checks) and deposit slips are NOT accepted for checking account transfers.

\* If this is a joint account, both signatures are required below for authorization to withdraw funds.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date