



UNIVERSITY OF  
**SOUTH DAKOTA**  
 FOUNDATION

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize The University of South Dakota Foundation and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
 (Name of Financial Institution) (Branch)

\_\_\_\_\_  
 (City) (State) (Zip Code)

\_\_\_\_\_  
 (Signature) (Date)

\_\_\_\_\_  
 (Name—Please Print)

\_\_\_\_\_  
 (Address—Please Print)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Designation of Gift: \_\_\_\_\_

Frequency and Payment Amount: Monthly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ or

Other \$ \_\_\_\_\_

Total Amount of Payments \$ \_\_\_\_\_

Begin Date \_\_\_\_\_ **Payments will be processed on the fifth day of the month by the Foundation Business Office.**

End Date \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

(Between these symbols | : | : on the bottom left of your check)

**Staple Voided Check to this Form**

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**RETAIN FOR YOUR RECORDS**

On \_\_\_\_\_ I authorized: The University of South Dakota Foundation  
(Date) 1110 North Dakota Street  
PO Box 5555  
Vermillion, SD 57069-5555  
800/521-3575 or 605/677-6703 FAX 605/677-6717

To initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the Foundation at any time by writing to the address above.

Payment amount: \$\_\_\_\_\_

Regular payment date is the 5<sup>th</sup> day of the month.