



CALIFORNIA STATE UNIVERSITY, CHICO
Authorization to Initiate ACH Debit Entries

University Foundation
530-898-4488 | Zip 0155

I (We) hereby authorize California State University, Chico, University Foundation to initiate debit entries to my (our) bank account as detailed below, and to debit the same such account monthly.

Should a transaction be returned, I (we) further authorize debiting this account for non-sufficient fund fees according to applicable State Law. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Billing Name: _____

Billing Address: _____

Telephone: _____ Email: _____

Routing #: _____ Account #: _____

Account Type: (select one) Checking Savings

Account Class: (select one) Consumer Business

Monthly Donation Amount: \$ _____

Please apply my (our) gift to:

A college/school/department/program. Please specify area and amount:

_____ \$
_____ \$
_____ \$

Other: (please specify)

_____ \$
_____ \$
_____ \$

I (We) would like to make an unrestricted gift to support the University's greatest needs.

I understand that this authorization is to remain until California State University, Chico, University Foundation has received written notification from me of its termination at least five (5) business days prior to the payment due date.

Signature: _____ Date: _____

(Authorized Signer for Account)

Please mail completed form **with** a voided check to:

University Foundation
California State University, Chico
400 West First Street
Chico, CA 95929-0999

- For Gift Processing Use Only -

Banner ID: _____ Input Date: _____ Processor Initials: _____