Authorization Agreement for Direct Donations To Concordia University Irvine

(Some transactions may not qualify as charitable contributions and only those that are acknowledged by a Concordia University Foundation Receipt will be recognized as such)

I (we) hereby authorize Concordia University, hereinafter called UNIVERSITY, to initiate debit entries to my (our) [] checking account [] savings account (check one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of debit transactions to my (our) account must comply with the provisions of U.S. law. *Please attach a voided check or a saving deposit slip*.

Authorization type (check one) [] New	[] Change	Federal ID#/SS#
Please transfer my gift (check one): [] Monthly (check one): [] 1 st or [] 15 th [] Quarterly on March 15 th , June 15 th , Sept 15	5 th , Dec. 15 th	Amount per transfer \$ \$
Designation of Gift:		
Depository (bank information):		
Name of bank	Brancl	h
City	State	Zip
Routing number	Account number	r
This authorization is to remain in full force and effect until UNIVERSITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford UNIVERSITY and DEPOSITORY a reasonable opportunity to act on it.		
Name (on bank account):		
Name (on bank account):		
City	State	Zip
Phone	Email	
Signature (s)	Date	
Signature (s)		Date
Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.		

Please contact Advancement Services with any questions 949-214-3186 or wendy.leivan@cui.edu