

The Ohio State University Alumni Association

Club and Society Direct Deposit of Electronic Fund Transfer (EFT)

Payments Authorization Agreement

PLEASE TYPE or PRINT LEGIBLY:

SECTION 1 - PAYEE CONTACT INFORM	IATION			
Type of Transaction (select one):	New	Change/Revision	Cano	el/Remove
PAYEE NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT NAME:				
CONTACT PHONE:				
CONTACT E-MAIL:				
SECTION 2 - FINANCIAL INFORMATION	N			
Type of Account (select one):		Checking	Savings	
FINANCIAL INSTITUTION NAME:				
ROUTING/ABA NUMBER:				
ACCOUNT NUMBER:				
CONTACT PHONE:				
This Authorization Agreement is effect effect until revoked by the payee in we Alumni Association (OSUAA). By signing below you authorize OSUAA	riting, or tern	ninated by The Ohio	State Universi	ty
and also authorize OSUAA to make apparent any funds were deposited in error.				
Treasurer Signature	Date	President Signature		Date
Printed Name		Printed Name		
	Financ	e Office Use:		
<u> </u>				
Date Entered:		Entered In	tials:	