



# LAKE SUPERIOR STATE UNIVERSITY

## Electric Funds Transfer Authorization

Authorization Agreement for LSSU Alumni Association Membership

### Step 1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Step 2

#### Lifetime Membership

- Individual Lifetime - \$600
  - \$100 now plus 5 annual payments of \$100 each
  - 12 monthly payments of \$50 each
  - 30 monthly payments of \$20 each
- Joint Lifetime - \$800
  - \$150 now plus 5 annual payments (4 at \$150 each and the 5<sup>th</sup> at \$50)
  - 10 monthly payments of \$80 each
  - 25 monthly payments of \$32 each

**Annual Membership** – renewed annually at this time until I direct a stoppage

- \$40 Individual
- \$60 Couple
- \$35 Senior (age 62 & up)
- \$55 Senior Couple
- \$40 Friend or Parent

### Step 3

Please deduct \$ \_\_\_\_\_ each month  
Deduct my gift on the:  1st of the month     10th of the month

OR

Please deduct \$ \_\_\_\_\_ annually, commencing immediately and continuing annually at about this time.

#### Bank Information

Financial Institution: \_\_\_\_\_

Select account type:

- Checking     Savings

Your account #: \_\_\_\_\_ Bank routing/transit #: \_\_\_\_\_

**Please include a voided check or deposit slip for account identification.**

### Step 4

I hereby authorize the amount above to be dedicated from my account indicated above and pay to Lake Superior State University the amount indicated in accordance with conditions stated below. This authorization shall remain in full force and effect until the LSSU Alumni Office has received a 30-day written notification of its termination. Upon receiving your authorization form, LSSU will send a confirmation and notification of when your automatic deduction will commence. A record of your payment will be included in your bank statement, and, at year-end the LSSU Alumni office will provide you with a detailed report of your monthly payments. All information you provide to LSSU will be kept in strict confidence. Once your EFT is established, if you wish to change your automatic payments, simply contact the Alumni office at 906-635-6219 or [alumnirelations@lssu.edu](mailto:alumnirelations@lssu.edu) to request a new authorization form. Or, if you change your financial institution, please provide a voided blank check or deposit slip with your new account number to the LSSU alumni office. You may terminate your participation in the electronic fund transfer program at any time. However, we ask that you provide a 30-day written notification to the LSSU Alumni office. Cancellation will become effective 15 days after the LSSU Alumni office received written notice of your cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_