



3307 Third Avenue West, Suite 304
Seattle, Washington 98119-1957

Electronic Funds Transfer Form

Step 1 – Gift amount: _____

Step 2 – Frequency:

- One-time withdrawal
- Recurring (monthly withdrawal amount shown above)
 - 10th of each month
 - 25th of each month
- Recurring start date: _____
- Recurring end date: _____

Step 3 – Designation:

Seattle Pacific Fund

- Greatest need
- Student scholarships and aid
- Academic excellence
- Christian faith
- Vocational discovery and career services
- Student experience
- Other: _____

Step 4 – Account information (voided check required):

- Checking
- Savings

By signing as the Account Holder, I authorize Seattle Pacific University to make withdrawals from my account as indicated on this form, until such time as I provide written notice to terminate the transaction.

FINANCIAL INSTITUTION	BRANCH
CITY / STATE / ZIP	
ACCOUNT HOLDER(S) PRINTED NAME(S)	
ACCOUNT HOLDER SIGNATURE	DATE
JOINT ACCOUNT HOLDER SIGNATURE	DATE

Step 5 – Return the completed form *with a voided check (required)* to: Seattle Pacific University, Office of University Advancement, Seattle, WA 98119-1957