ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Instructions

To enroll in the Endowment Fund of the Phi Kappa Psi Fraternity's (d/b/a Phi Kappa Psi Foundation; Phi Psi Foundation) (collectively, "Foundation") electronic funds transfer (EFT) payment service, please provide the following information and, if possible, please enclose a blank voided check or applicable documentation from your financial institution for the appropriate account. Note: We cannot obtain acceptable banking information from a deposit slip. Should you have any questions please contact Pam Hawkins, the Foundation's Chief Financial Officer at 317.275.3400 or PPH@PKPFoundation.org.

House Corporation Information

_____
House Corporation Legal Name

_____
Employer Identification/Tax Identification Number

_____
House Corporation Address

_____
House Corporation City, State, Zip

Contact Information (Contact 1)

_____
Name

_____
Position

_____
Address

_____
City, State, Zip

_____
Email

_____
Cell Phone

_____
Work Phone

_____
Home Phone

Contact Information (Contact 2)

_____
Name

_____
Position

_____
Address

_____
City, State, Zip

_____
Email

_____
Cell Phone

_____
Work Phone

_____
Home Phone

Enrollment Information

_____
Bank/Financial Institution Name

Type of Account: ☐ Savings   ☐ Checking

_____
Bank/Financial Institution Address

_____
Name as it appears on Account

_____
Bank/Financial Institution City, State Zip

_____
Routing Number

_____
Local Branch Telephone Number

_____
Account Number

Customer's name
Street address
City, State ZIP

Check no.   1234

Pay to the order of _____ $

_____ Dollars

Bank name
Street address
City, State ZIP

⑈ 123456789 ⑆ 55555⑈ 55555⑆ 1234

▪ This is the bank transit routing number
▪ It is always nine digits and appears
  between the symbols

▪ This is the bank account number
▪ The symbol indicates the end of the account number
▪ If there are any digits to the right of the symbol (which do not represent
  the check sequence number), record those as well
▪ Do not include the check sequence number on the form

Voided Check or Documentation
Please provide a voided check or applicable documentation from your financial institution with this form. Do not staple or tape the check or document to the form but rather paper clip it.

Authorization
I hereby authorize the Foundation and its processing institution to initiate withdrawals and to initiate, if necessary, adjustments for any entries made in error, electronically to the account with the above referenced Bank/Financial Institution, and I also direct the Bank/Financial Institution to debit and/or credit the same such account. I have the responsibility to inform the Foundation of any changes to the above banking information. I also represent that I am authorized to execute this agreement/form on behalf of the above referenced organizational entity in accordance with the appropriate by-laws, signatory documents and other corporate/organizational governing documents. This authorization will remain in effect until further written notice from me is received by the Foundation, and the Foundation has reasonable opportunity to act on it. The Foundation reserves the right to void this agreement at any time without prior notice. A return fee will be applied for any returned items.

_____
Signature

_____
Printed Name

_____
Title

_____
Date