



# Simplify Your Life!

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

- New Authorization  
 Change of Prior Authorization

I give permission to transfer the following amount from my account to George Fox University-Tilikum each month:

Total monthly deduction will be \$ \_\_\_\_\_  
(Cannot be less than \$5)

Make a monthly deduction from my account. Voided check attached is attached. \_\_\_\_\_

I prefer the monthly transfer date of (check one):      5th \_\_\_\_      20th \_\_\_\_

To start in the month of \_\_\_\_\_

Bank name \_\_\_\_\_

Bank phone number \_\_\_\_\_

*This authorization to withdraw funds from my checking or savings account is the same as if I had personally signed a check to George Fox University and/or Tilikum. This agreement will remain in effect until I write or call Tilikum telling them to end this agreement, and they have had a reasonable amount of time to act on my instructions. I have read, understand, and agree with the information on this form and have attached my voided bank check or savings deposit slip with this form.*

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

Print name \_\_\_\_\_

Please mail this form to:  
**Tilikum, 15321 NE North Valley Road, Newberg, OR 97132**