



Return to:  
Utah State University  
University Advancement  
1590 Old Main Hill  
Logan, UT 84322-1590  
435-797-1327

## DIRECT PAYMENT AUTHORIZATION FORM

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize the Utah State University Controller's Office to withdraw \$ \_\_\_\_\_ from my account listed below on the 12<sup>th</sup> of each month until I notify the Utah State University Advancement Office in writing for said payment to stop. The amount withheld each month is to be applied to:

\_\_\_\_\_  
(College, Department, or area of choice)

### Account Information

Type of account:  Checking  Savings

Bank Routing Number: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

Attach a voided check or copy of a check here if using checking account. No deposit slips, please.

This is a voluntary authorization to withdraw a monthly deduction from my account for the purpose mentioned. It shall remain in effect until canceled in writing.

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