



(435) 797-1320

Return to:
Utah State University
Development Office
1590 Old Main Hill
Logan UT 84322-1590

DIRECT PAYMENT AUTHORIZATION FORM

Name Last: _____ First: _____ Middle: _____

SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize the Utah State University Controller's Office to withdraw \$ _____ from my account listed below on the 12th of each month until I notify the Utah State University Development 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 No.: _____

Your Account No.: _____

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