



# Payment Information/Authorization Form

University Advancement  
[www.bgsu.edu/alumni](http://www.bgsu.edu/alumni)  
(419) 372-2424 Phone  
(888) 839-2586 Toll Free

Please complete this form and return to:  
BGSU Foundation, Inc.  
c/o Office of the Bursar  
Administration Building  
Bowling Green, OH 43403

### Donor Information

Donor/Entity (Primary): \_\_\_\_\_ Constituent ID: \_\_\_\_\_  
Joint Donor/Spouse (Secondary): \_\_\_\_\_ Constituent ID: \_\_\_\_\_  
Mailing Address (Include City, State & Zip): \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Email address: \_\_\_\_\_

This payment authorization corresponds to my gift/pledge form dated: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

### Credit Card Information

If using a credit card, we encourage you to make your secure one-time or recurring payments online by visiting [bgsu.edu/give](http://bgsu.edu/give).

I authorize BGSU to charge my credit card as follows:

One-time deduction of \$ \_\_\_\_\_  
Recurring deduction of \$ \_\_\_\_\_ Monthly Quarterly Semi-Annual Annually

Name (exactly as it appears on card) \_\_\_\_\_  
Card Type: VISA MasterCard Discover American Express  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV/C \_\_\_\_\_

### Electronic Funds Transfer (EFT) Information

I authorize BGSU to electronically debit funds from the account and financial institution named below, as follows:

One-time deduction of \$ \_\_\_\_\_  
Recurring deduction of \$ \_\_\_\_\_ Monthly Quarterly Semi-Annual Annually

Financial Institution Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Acct. Number: \_\_\_\_\_  
Acct. Type: Checking Savings  
*For checking and other DDA accounts, please provide a voided check. For savings accounts, please provide a voided deposit slip.*

### Payroll Deduction Information for BGSU employees only

I authorize BGSU to deduct my gift/pledge from my paycheck, as follows:

One-time deduction of \$ \_\_\_\_\_ to be withdrawn in the next 1-2 pay periods.  
Recurring deduction of \$ \_\_\_\_\_ each pay period until the pledge is satisfied.

My BGID # \_\_\_\_\_ Classified Administrative Faculty 12-month Faculty 9-month

### Signature and Authorization

*By signing below, I authorize Bowling Green State University and/or Bowling Green State University Foundation, Inc. (BGSU) to initiate the charges as indicated above and to credit the amount to my Gift/Pledge as designated. This authorization covers one-time and recurring credit card payments, electronic funds transfer, or my BGSU payroll account (for employees only). Recurring credit card charges will occur on or about the 1<sup>st</sup> of every month and EFT charges will occur on or about the 15<sup>th</sup> of every month for the duration of the pledge and this authority will remain in effect until revoked by me in writing or until the pledge is changed, renewed or satisfied. I have the right to stop payments or change payment methods by providing timely written notification to BGSU Foundation, Inc., at least two (2) weeks prior to a scheduled charge, debit and/or deduction. I further understand and agree that BGSU and/or my financial institution also reserves the right to terminate this authorization.*

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

**Internal Use Only:**  
DOD/UA Staff: \_\_\_\_\_  
Gift/Pledge #: \_\_\_\_\_  
Date: \_\_\_\_\_