



CONCORDIA
UNIVERSITY

FOUNDATION

Recurring Bank Account Authorization

I authorize regularly scheduled donations charged to my bank checking or savings account. My account will be charged each billing period for the total amount due for that period as specified below. A receipt will be mailed to me and the charge will appear on my bank statement. I agree that no prior-notification will be provided.

I authorize the Concordia University Foundation to store the account and routing information in a secure location and upon completion of the payment(s), the information is shredded/deleted according to approved University methods.

Pledge Amount: \$ _____ **Start Date:** _____ **End Date:** _____

I authorize the Concordia University Foundation to charge my bank account \$ _____

Per _____ (Month or Year)

Gift is for: _____

<i>All fields below are required:</i>	
Account Holder Name: _____	
Address: _____	
Phone: _____	Email: _____
Account Type: _____	
Bank Account Number: _____	Routing Number: _____

Signature _____

Thank You!

We appreciate your support of Concordia University Portland.

Concordia University Foundation
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