



# Phi Sigma Kappa Foundation

*Investing in Education and Leadership within PSK!*

## Automatic Gift Authorization Form

All contributions to the Foundation are tax-deductible to the extent provided by law.

**Yes! I would like The Phi Sigma Kappa Foundation and First Financial Bank, Carmel, Indiana, to debit my (our) account in the name(s) of:**

Name(s) \_\_\_\_\_ Chapter \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**\*\*\*PLEASE ATTACH A VOIDED CHECK SO THAT THE BANK TRANSIT AND ROUTING NUMBER MAY BE SECURED\*\*\***

I would like my gift of \$ \_\_\_\_\_ to be withdrawn **MONTHLY**.

I would like my gift of \$ \_\_\_\_\_ to be withdrawn **QUARTERLY**  
(March 15, June 15, Sept 15, Dec 15)

I would like my gift of \$ \_\_\_\_\_ to be withdrawn **SEMI- ANNUALLY**  
(March 15 and Sept 15)

Withdrawal of my gift becomes effective on \_\_\_\_\_, 20\_\_\_\_\_ and **continues until authorization is rescinded in writing.**

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_  
(If joint account, both account signatories must sign to authorize withdrawals)

**For Internal Use Only**  
Date Received \_\_\_\_\_ Entered by \_\_\_\_\_ Date Submitted to Irwin Union \_\_\_\_\_

Please return to the Phi Sigma Kappa Foundation, 2925 E 96<sup>th</sup> Street Indianapolis IN 46240  
317.573.5420. [foundation@phisigmakappa.org](mailto:foundation@phisigmakappa.org) [www.phisigmakappa.org](http://www.phisigmakappa.org)