

OSU FOUNDATION BANK DRAFT FORM

PO BOX 1749 STILLWATER OK 74076-1749 (800) 622-4678 OR (405) 385-5127

NAME				
	LAST	FIRST	MIDDLE	(PLEASE PRINT)
ADDRESS				
FINANCIAL INSTITUTIO	N			
ADDRESS				
TRANSIT RC				
CHECKING / NUMBER				
PLEASE CHA	RGE MY ACCOU	JNT \$	PER MONTH FOR _	MONTHS
FOR A TOTA	L OF \$	BEGINNING		
I WOULD LIK	KE THIS GIFT TO	BE APPLIED TO THE	E FU	ND.
SIGNATURE_				
DATE				
Our bank, Simi OSU Foundati Attn Gift Man PO Box 1749 Stillwater, OK	ion nagement	ts that you please enclo	se a voided check or a b	lank deposit slip and mail to

Simmons Bank will draft your account on the 19th of each month unless the 19th is on a Saturday or Sunday then it will be drafted on the following Monday. If you have any questions, please contact Gift Management at giftprocessing@osugiving.com or (800) 622-4678.