

Sigma Phi Epsilon Educational Foundation

Automatic Funds Transfer Authorization

FROM: _____

CHAPTER & YEAR: _____

This is to authorize you to make a regular draft against my credit card to be added to the fund, named below, held by the Sigma Phi Epsilon Educational Foundation.

Annual Fund

Chapter Scholarship Fund
Please indicate chapter _____

Specific Chapter Fund
Please indicate chapter and name of fund _____

Amount to be transferred: \$ _____

Frequency: ___ monthly ___ quarterly ___ annually

Date of transfer: _____ 1st of month _____ 15th of month

First transfer to made on _____

Charge my credit card as follows:
_____ monthly ___ quarterly ___ annually

Card # _____ expiration _____ CCV# _____

This authority is to remain in full force and effect until Sigma Phi Epsilon Educational Foundation has received written notice of termination.

Date _____ Telephone number _____

Authorized by: _____ (sign)

- Educational Foundation EIN #54-6053821
- Scanned form may be emailed to susan.ilch@sigep.net or sent by fax to (804) 353-4825