

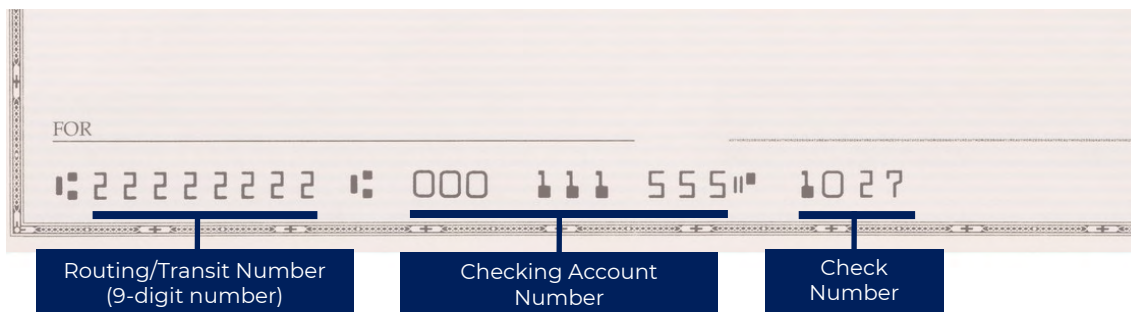


**PLEASE COMPLETE THIS FORM  
AND RETURN TO:**  
FraternityPayables@deltagamma.org  
OR MAIL TO  
Nikki Sabato (Confidential)  
Delta Gamma Fraternity  
3250 Riverside Drive  
Columbus, OH 43221

## Electronic Payment Enrollment Form

*FOR US BANK ACCOUNTS ONLY:* To enroll in electronic payment, simply fill out this form and give it to accounts payable. If available, attach a voided check for your checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip. This will help ensure that you are reimbursed correctly.

Below is a sample check detailing where the information necessary to complete this form can be located.



**Important! Please read and sign before submitting.**

I hereby authorize Delta Gamma Fraternity to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Delta Gamma Fraternity to my account. In the event that Delta Gamma Fraternity deposits funds erroneously into my account, I authorize Delta Gamma Fraternity to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Delta Gamma Fraternity and Bank have received written notice from me of its termination in such time and in such manner as to afford Delta Gamma Fraternity and Bank reasonable opportunity to act on it.

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information

Please check: ☐ Checking ☐ Saving ☐ Other

Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_