



**Automatic Clearing House Authorization Agreement**

Donor name : \_\_\_\_\_

Donor address : \_\_\_\_\_

I/We hereby authorize Kansas City University of Medicine and Biosciences, to initiate monthly debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)  checking or  savings account indicated below and the depository (Bank, etc.) named below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Name: **Country Club Bank**

City: **Kansas City**

State: **MO**

Zip: **64141**

Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

Starting Date: \_\_\_\_\_

This authority is to remain in full force and effect until KCUMB, and Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford KCUMB a reasonable opportunity to act on it.

Signed: \_\_\_\_\_

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

Attach deposit slip or voided check here