



Automatic Clearing House Authorization Agreement

Donor Name(s) : _____

Donor Address : _____

Donor Telephone Number: Day _____ Evening _____

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

Name of my/our Bank: _____

Account Type: Checking _____ Savings _____ Other _____

Transit Routing Number: _____

Account Number: _____

Amount designated: \$ _____ per Month / Quarter / Year to begin _____.

To help ensure payments are made correctly, attach a voided check (not deposit slip) to this application.

Depository Name: Country Club Bank, Kansas City, MO 64121

The debit entries will take place on the first working day of the month as designated.

Please designate my/our gift to:

- ___ Area of greatest need
- ___ Alumni Association Dues
- ___ Scholarships/Loan Funds
- ___ Physical Facilities
- ___ Other or Department of Choice _____

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.

Please print your name(s): _____

Please sign your name(s): _____

Date: _____

Attach voided check here