

Central Michigan University Automatic Withdrawals Donation Form

Authorization for Preauthorized Fixed Withdrawals (ACH Debits)

I hereby authorize Central Michigan University to make withdrawals on the _____ (date) of the month (or the first business day thereafter) from the account identified below at _____, (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to charge such withdrawals to my listed account. The withdrawals will continue each quarter (every three months) thereafter.

Such payments will be in the amount of \$_____ and will be applied to the following gift account(s):

Adjusting entries to correct errors are also authorized. This authorization will remain in effect until written notice of termination is given to the university. I acknowledge receipt of a filled-in copy of this authorization.

Name of DFI: _____

DFI's Routing & Transit Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Account Number to Debit: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Type of Account: Checking _____ Savings _____

Name of Authorizing Party (Please print):

Address: _____

City: _____

State: _____

Zip Code: _____

Signature of Authorizing Party:

Date: _____

Please return this completed form to:
Central Michigan University
Development & External Relations
Gifts Entry
Carlin Alumni House
524 E Bellows Street
Mount Pleasant, MI 48859