



SOUTHWESTERN
COLLEGE
— 1885 —

Debit Authorization Form

I (we) hereby authorize Southwestern College, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **Donations**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: ____ Checking ____ Savings

Total gift amount: \$_____ Amount per month: \$_____

Please count my gift towards the following program:

A debit transfer will be made to your account on the 15th of each month. If you have questions or would like to change this date please contact Southwestern College, 800-846-1543 ext. 6155.

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

(Print Individual Name)

(Print Joint Owner Name)

(Signature)

(Joint Owner Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK/DEPOSIT SLIP TO THIS FORM!