MWSU FOUNDATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

(ACH DEBITS)

I (we) hereby authorize the MWSU Foundation, 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 my (our) gift to MWSU Foundation. <u>I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</u>

_____

(Financial Institution Name)   (Branch)

_____

(Address)   (City/State)   (Zip)

_____   _____ Type of Acct: ____Checking ____ Savings

(Routing Number)   (Account Number)

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)   (Signature)

_____   _____

(Print Individual SS Number)   (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM