



## AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY BANK DEBIT

### Required Donor Information

Primary Name  
*(Please Print)*

Secondary Name

Address

City

State

Zip

Home Phone

Cell Phone

Email

Other Email

### Account Information

Financial Institution *(Bank, Credit Union, Etc.)*

Account Number

Routing Number

### Authorization

This authority is to remain in full force and effect until College of Saint Mary has received written notification from me of its termination in such time and in such manner as to afford College of Saint Mary and my bank a reasonable opportunity to act on it.

I, the undersigned, authorize monthly charges in the amount of \$\_\_\_\_\_ from the account listed above.

My ACH payment will be deducted on the  **15th** of each month  **last business day** of each month

Primary Signature

Date

Secondary Signature

Date

### Return Completed Form To:

Mail **College of Saint Mary**  
Alumnae & Donor Relations  
7000 Mercy Road  
Omaha, Nebraska 68106

Fax 402-399-2480

Email [alumnae@csm.edu](mailto:alumnae@csm.edu)