Missouri State University Foundation Authorization Agreement Form for Pre-Authorized Drafts

Missouri State University Foundation Tax ID # 43-1234200

to initiate debit entries to my (our) checking ac	versity Foundation, hereinafter called Company , ecount indicated below and the depository named the same to such account on the 1st or 15th
(pick one) of each month in the amount of \$ and ending 7	beginning (indicate month/year) This gift should be designated for (indicate
account/area) We've also provided space so you can inform us of any special circumstances. Please enter the information in the spaces below, then when you're finished to your satisfaction, print and review the completed form, and forward it with a voided check to the address below.	
Full name (as it appears on your check)	
Branch name	
City	State
Transit / ABA Number(9 digit number at bottom left of check)	
Account Number(9 digit number at middle bottom of check)	
This authorization is to remain in full force and received written notification from me (or either manner as to afford Company and Deposito	of us) of its termination in such time and in such
Your name	
Your email address	
Your spouse's name	
Date	
Signed:	Signed:
Additional comments: (Please provide us with any information below that you feel we need.)	
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Complete, sign and forward form with a voided check to the Missouri State University Foundation, 300 S. Jefferson, Suite 100, Springfield, MO 65806 (417) 836-4143 Email: foundation@missouristate.edu