I (we) hereby authorize the Missouri State University Foundation, hereinafter called **Company**, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called **Depository,** to debit the same to such account on the 1st or 15th (pick one) of each month in the amount of

$  beginning (indicate month/year)  and ending 

The gift should be designated for (indicate account/area):



|  |  |  |  |
| --- | --- | --- | --- |
| Name of your bank |  | | |
| Full Name (as it appears on your check) |  | | |
| Branch Name |  | | |
| City |  | State |  |

Transit / ABA Number  Account Number 

(9 digit number at bottom left of check) (9 digit number at middle bottom of check)

This authorization is to remain in full force and effect until **Company** and **Depository** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

|  |  |
| --- | --- |
| Your name |  |
| Your social security number |  |
| Your email address |  |
| Your spouse’s name |  |
| Spouse’s social security no. |  |

Date: 

Signed: Signed:

Please provide us with any information below that you feel we need:



Complete, print, sign and mail this form with a voided check to the following address:

**Missouri State University-West Plains**

**Attn: Office of Development**

**128 Garfield Avenue**

**West Plains, MO 65775**

For more information, call 417-255-7240 or email: [*wpdevelopment@missouristate.edu*](mailto:wpdevelopment@missouristate.edu)