

Missouri State University Foundation
Tax ID # 43-1234200
Authorization Agreement Form for Pre-Authorized Drafts

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