



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I give permission to transfer the following amount from my personal account to Thomas More College each month.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Monthly contribution amount: \$ _____

ELECTRONIC FUNDS TRANSFER

Bank Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Routing Number: _____ Account number: _____

Type of account: Checking Savings (attach voided check or deposit slip)

I have read, understand, and agree with the information on the bottom of this form and have attached my voided blank check or savings deposit slip to this form.

Signature: _____ Date: _____

This permission to charge my bank account is the same as if I had personally signed a check to the Thomas More College of Liberal Arts. This agreement will remain in effect until:

- 1. I write a note or call Thomas More College telling them to end this agreement, OR*
- 2. Thomas More College or my bank sends me a written notice that this agreement will end in 10-days.*

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15-days of the bank statement or within 45-days after the transfer was made.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift. In the event of an amount or double posting error, I will handle this problem directly with Thomas More College.

Thank you for your support of the Thomas More College of Liberal Arts.