Saint John's UNIVERSITY

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER

I/We hereby authorize Saint John's University to initiate debit entries to the account listed below:

This gift is to be applied to the Student Fund on the following schedule $ _____

- □   Monthly on the third day of the month $ _____
- □   Quarterly on the third day of the month $ _____
  (September, December, March & June)
- □   Annually on the third day of December $ _____

     Date of first authorized debit entry: __/__/__

This agreement is to remain in effect until Saint John's University receives written notification of its termination in such time as to afford the University a reasonable opportunity to act on it.

Depository Name and Branch:_____

City: _____ State: _____ Zip: _____

Depository 9-Digit Routing Number: _____

Name of Account Holder(s):_____

Account Number: _____ Type: ____ Checking ____ Savings

     ** **For verification purposes, please attach a voided check.**

Donor Name(s): _____ Class Year: _____

Donor Address: _____

_____

Donor Phone: _____

Donor Signature(s): _____ Date: _____

     _____ Date: _____

     **To minimize fees to the University, all transactions of this nature will occur on the third day of each month.
     Should an error be made, we reserve the right to correct said error. Thank you.

Send form and voided check to:

Saint John's University, Attn: Nancy Johnson, PO Box 7222, Collegeville, MN 56321