

Automatic Bank Draft Service – Auburn Veterans Scholarship Foundation

This form is for authorizing a monthly automatic bank draft for payment of your donation to the Auburn Veterans Scholarship Foundation (AVSF). If you choose to participate in this program, please fill out the attached form; **include a voided check** for the account from which you wish to have the bill drafted and return this completed form to the City of Auburn Economic Development Office at 144 Tichenor Avenue, Suite 2, Auburn, AL 36830 or by email to azutter@auburnalabama.org.

If this is a new authorization or a change to an account number for an existing authorization, there will be a start-up period during which we test the auto draft to insure that bank routing and account numbers are correct. During this start-up period, your account will not be drafted; so it will be necessary for you to pay your donation during this period if you wish. The actual initiation period is typically the first month following your submission of the completed form.

If this is a re-authorization of the existing account, the current draft will continue as scheduled.

When the draft becomes active, your account will be debited for the amount of your donation on or around the 5th of each month.

If you have any questions about this program, please call the Economic Development Office at (334) 501-7273.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DONATIONS

I (we) hereby authorize The City of Auburn’s Economic Development Office 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.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

ABA Routing Number _____ Bank Account Number _____

This authority 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.

Name(s) _____ Amount of Donation \$ _____
(Please print)

Please check one: One Time Only Monthly

Signed _____ Date _____

Signed _____ Date _____

OFFICE USE ONLY	DATA ENTERED BY: _____	DATE ENTERED: _____	DONOR NAME: _____
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