

## BANK DRAFT AUTHORIZATION AGREEMENT

I hereby authorize the Mount St. Mary Foundation, hereinafter called COMPANY, to electronically debit my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### PRIMARY ACCOUNT:

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

Date of monthly debit: 1st  15<sup>th</sup>  Amount: \$10 \$20 \$50 \$100

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION AGREEMENT

I hereby authorize the Mount St. Mary Foundation, hereinafter called COMPANY, to charge my credit card indicated below. I acknowledge that the origination of charges to my card must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

Print name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of monthly charge: 1st  15<sup>th</sup>  Amount: \$10 \$20 \$50 \$100

**Please note: The Mount St. Mary Foundation takes personal information security very seriously. You can be assured that once your information is securely stored electronically all account numbers are permanently eliminated.**