



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Manchester University to initiate debit entries to my (our) [] Checking or [] Savings account (select one) indicated below and the depository name below, hereinafter called DEPOSITORY. I (we) also authorize Manchester University to initiate, if necessary, credit entries and adjustments for any debit entries in error to the same account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect according to the dates below unless Manchester University has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Manchester University and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ ID NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNATURE _____

In order to ensure the correctness of the Depository information, please attach a voided check (checking) or blank deposit ticket (savings) to this Authorization Form.

Designation: [] The Manchester Fund
[] Other: _____

Please debit my account for \$ _____ every [] month [] quarter or
[] other: _____

Beginning Date: _____ End Date: _____

Or [] Continue until notified of termination date.

Transactions will occur on approximately the 15th or next business day of each appropriate month. Changes initiated after the 10th of a month will not take effect until the following month.

Please return completed form to:

Office of University Advancement
Manchester University
604 E College Ave
North Manchester IN 46962