



Thank you for inquiring about our Electronic Funds Transfer Charitable Contribution Program. By completing and returning this form, you will be on your way to establishing an easier and less costly way of making your gift to Marquette High. This notification to draft your account each month will remain in effect until we receive notification from you of its termination and MUHS has had a reasonable opportunity to act on it. Your monthly bank statement will adequately describe this draft when it occurs. You should anticipate the first draft approximately 30-45 days after we have received your authorization.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) hereby authorize Marquette University High School to initiate debit entries to my (our) bank account OR credit card indicated below, and the financial institution named below, to debit the same to such account. **PLEASE PRINT**

DONOR NAME(S): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

AMOUNT TO DEBIT PER MONTH/YEAR (CIRCLE ONE) \$ _____ **PROCESSED ON** 1ST 5TH 10TH 15TH 20TH

START DATE: _____ **END DATE:** _____

FUND FOR MONTHLY GIFT TO BE APPLIED TO: _____

(Annual Fund – General operating, Sponsor a Student – scholarship assistance, or MICAH Fund – financial assistance for nutrition, transportation, clothing and school supplies for underprivileged students.)

CHECKING/SAVINGS ACCOUNT
FINANCIAL INSTITUTION: _____
BRANCH ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TRANSMIT/ABA (1 ST nine numbers on the bottom of the check): # _____
ACCOUNT (next 10 numbers on the bottom of the check) # _____

CREDIT CARD
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
_____ EXP. DATE _____ CSV: _____

This authority to remain in full force and effect until Marquette University High School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Marquette University High School a reasonable opportunity to act on it.

NAME(S): _____

SIGNED: _____ **SIGNED:** _____

PHONE #: () _____ - _____ **DATE:** ____/____/____