

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS TO DRAKE UNIVERSITY

I/We hereby authorize Drake University, hereinafter called the UNIVERSITY, to initiate debit entries to my/our account at a financial institution, hereinafter called the BANK, indicated below. Further, I/we authorize the BANK to debit the same such account.

Bank account number:

Bank routing/transit number:		
Account type:	Checking	Savings
Amount:	\$	per (month/quarter)
		(month/quarter)
Starting month:		
Please designate my/our gift to:		
College/School of		
Bulldog Club		
Friends of Drake Arts		
Cowles Library		
Donald V. Adams Leaders	hip Institute	
Where needed most		
Scholarship support		
month noted above. Forms received following month.	after the twentieth of t	he month, will be processed the
To help ensure payments are makip). If debiting from a savings account your account. It isn't always the same a	it, ask your bank to give	ach a voided check (not a deposit you the routing/transit number for gs deposit slip.
This authorization is to rema received written notification from me ( manner as to afford the UNIVERSITY	(or either of us) of its ter	
Please print your name(s):		
Signed:		
Date:		
Office of Alumni & Development * 2507 U	Jniversity Avenue * Des M	oines, IA 50311 * 515-271-3704