

# HANOVER COLLEGE

## AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS DEPOSITS TO THE HANOVER FUND

I hereby authorize HANOVER COLLEGE to initiate credit entries and , if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository(ies) named below to credit and /or debit the same such account.

**BANK:**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Savings Account No. \_\_\_\_\_ \$ amount \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Designated to: \_\_\_\_\_

Checking Account No. \_\_\_\_\_ \$ amount \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Designated to: \_\_\_\_\_

Amount to be withdrawn on or around the 5<sup>th</sup> of each month.

**MATCHING GIFT COMPANY**

Company Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee I.D. No. \_\_\_\_\_ Match Factor \_\_\_\_\_

Mail form to: \_\_\_\_\_

Company Match paid: Quarterly \_\_\_\_\_ Semi Annually \_\_\_\_\_ Annually \_\_\_\_\_

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

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Please print)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please fill in the form, print, and then attach a voided check(s) and / or savings deposit slip(s) and return to: Hanover College, Development Office #106, PO Box 108, Hanover, IN 47243.