Mayville State University Foundation

AUTHORIZATION FOR AUTOMATIC TRANSFER VIA AUTOMATED CLEARING HOUSE ('ACH")

Place a ✓ in the appropriate box(es) indicating the fund to which you wish to donate:

☐ Annual Fund Drive **(Amt. $_____)**

☐ Academic Scholarships **(Amt. $_____)**

☐ 4th and Goal – Football Scholarships **(Amt. $_____)**

☐ Comet Athletic Club **(Amt. $_____)**

☐ Northwest Hall **(Amt. $_____)**

☐ Other _____ **(Amt. $_____)**

Indicate a ✓ in the appropriate box(es) below:

☐ New automatic transfer ☐ Cancel existing transfer ☐ Increase existing transfer
☐ Decrease existing transfer ☐ Change transfer date ☐ Change transfer from

Transfer from (instead of filling out this section *you may also attach a voided check for verification of financial institution information*)**:**

Institution Name: _____

Address: _____

Telephone: _____

Routing #: _____

Account Name: _____

Account Number: ☐ _____ Checking ☐ _____ Savings

Transfer will be to:	NORTHLAND FINANCIAL, 115 EAST BROADWAY, STEELE, ND 58482 Account Name: Mayville State University Foundation

Transfer Information:
Original Transfer Amount for each transfer $ _____
Date of first transfer: _____ Date of last transfer: _____
Total to be transferred for the year: $_____

Frequency of Transfer: ✓ the appropriate box
☐ Monthly on the 1st
☐ Monthly on the 15th
☐ Monthly on the 1st & 15th
☐ Annually on the following month (1st of the month): _____
If date falls on a weekend, your account will be debited on the first business day that follows.

AUTHORIZATION:

I (We) authorize the Institution to transfer funds as described. I (We) agree to maintain sufficient balances to cover such transfers. I (We) agree that the rights of the Institution with respect to each transfer shall be the same as if it were a withdrawal personally signed by me (us). This agreement shall remain in effect until cancelled by the originator. I (We) acknowledge that my (our) automatic payments are governed by the rules of the ACH Association. I (We) further acknowledge receiving a copy of this authorization.

_____ _____
Signature of person(s) authorizing the transfer Date

_____ _____
Signature of person(s) authorizing the transfer Date

ACKNOWLEDGEMENT:

_____ _____
Signature of Foundation indicating that the transfer has been accepted and will be immediately implemented. Date

CANCELLATION AUTHORIZATION:

_____ _____
Signature of person (s) authorizing cancellation Date

Please return this form to: Mayville State University Foundation * 330 Third Street NE * Mayville, ND 58257 * 701-788-4864