

FRIENDS OF SHAWE AND POPE JOHN SCHOOLS, INC.

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS DEPOSITS TO FRIENDS

Name _____ SSN _____
(Please print)

Address _____

Phone (Day) _____ Phone (Evening) _____

E-mail _____

I hereby authorize FRIENDS OF SHAWE AND POPE JOHN SCHOOLS, INC. 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. _____

Checking Account No. _____ \$ Amount _____

Transit/ABA No. _____

Amount to be withdrawn on the 1st of each month.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 ____

**Please provide any and all matching request forms required by your employer.

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

Signed _____ Date _____

Please fill in the form, print, and then attach a voided check(s) and/or savings deposit slip(s) and return to: *Friends of Shawe and Pope John Schools, Inc., 305 West State Street, Madison, IN, 47250*
www.friendsofshawepj.org