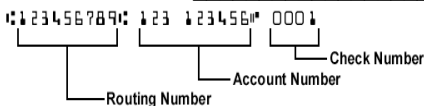


AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

San Miguel Middle School

ES7626

Donor # (leave blank if not applicable)			
Last Name		First Name	
Address			
City		State	Zip

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
	Account Number: _____  <p>The diagram shows a routing and account number: 123456789 123 1234567 0001. Brackets indicate that 123456789 is the Routing Number, 123 1234567 is the Account Number, and 0001 is the Check Number.</p>

Date of first donation: ____/____/____	Frequency of donation: (please check only one) <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly on the 1 st	Donation amount: \$ _____
Special Instructions:		

AGREEMENT

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here.

Please mail or fax completed authorization:

San Miguel Middle School
Attn: Ben Murray
3800 Pleasant Avenue S.
Minneapolis, MN 55409

612.870.1109
612.870.1224 (fax)