

COLLEGE OF SAINT MARY

AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY BANK DEBIT

Required Donor Information

Primary Name
(Please Print)

Secondary Name

Address

City

State

Zip

Home Phone

Cell Phone

Email

Other Email

Account Information

Financial Institution (Bank, Credit Union, Etc.)

Account Number

Routing Number

Authorization

This authority is to remain in full force and effect until College of Saint Mary has received written notification from me of its termination in such time and in such manner as to afford College of Saint Mary and my bank a reasonable opportunity to act on it.

I, the undersigned, authorize monthly charges in the amount of \$_____ from the account listed above.

My ACH payment will be deducted on the ☐ **15th** of each month ☐ **last business day** of each month

Primary Signature

Date

Secondary Signature

Date

Return Completed Form To:

Mail **College of Saint Mary**
Alumni & Donor Relations
7000 Mercy Road
Omaha, Nebraska 68106

Fax 402.399.2480
Email Jaclyn Maides
jmaides@csm.edu

Revised October 2025