Mary Baldwin College | Date:

Contributor Authorization Form
Effective Date:_____
□ New Authorization

Name on Account (Please Print)

Address

City | State | Zip

Regular Contribution

□ Monthly (Transferred on either the 1st or the 15th)
CIRCLE ONE: 1st or 15th

The Academic Fund $_____

The Scholarship Fund $_____

The Campus Fund $_____

The Student Life Fund $_____

The Undesignated Fund $_____

ADP Loyalty Fund $_____

Total Amount Per
Monthly Contribution $_____

TOTAL GIFT $_____

One Time Contribution

Date of Transfer _____

TOTAL GIFT $_____

Please take my contribution directly from the account specified:
□ Checking Account (attach a voided check) □ Savings Account (attach a savings deposit slip)

Routing # (between these two symbols on your check : :) | Account #:

I authorize **Mary Baldwin College** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the total amount specified above is deducted from my account. I understand there will be a $28.00 NSF fee automatically charged to my account for any insufficient funds (NSF) transactions.

Authorized signature on my account: Date: