

Name _____ Birthday _____
first middle initial last mm/dd/yyyy

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____
Please circle: Mobile Home

Authorization Agreement for Preauthorized EFT Payments #48-0548361

I hereby authorize Hesston College to initiate debit entries to my Checking Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit \$ _____ each month on the 5th 15th or 25th of the month to such account.

Depository Name/Branch _____

City _____ State _____ ZIP _____

Transit/ABA/Routing No. _____

Account No. _____

I plan to participate at the Partner Giving Level in support of the educational mission of Hesston College:

Gifts of any amount are welcome.

- \$834 or more (President's Partner)
- \$417-833 (Sponsoring Partner)
- \$167-416 (Sustaining Partner)
- \$84-166 (Founding Partner)
- \$42-83 (Associate Partner)

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

Unless otherwise requested, all receipts by Electronic Fund Transfer will benefit the Hesston College Fund/Annual Fund.

Signature _____ Date _____

Name _____
(print)

Or mail it to Hesston College Developmental Office, Box 3000, Hesston, KS 67062