



Authorization for Direct Payment

We are pleased to be able to offer you a **Direct Payment Plan**. Now you can have your payment made automatically from your checking or savings account. And you won't have to change your present banking relationship to take advantage of this service. The electronic plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form below and return it to us.

Retain this section for your records:

On this date, ____/____/____, I authorized the
Friends of the Baptist Student Union at Missouri S&T, Inc.
 Mail to account at **Legends Bank**, P.O. Box 1517, Rolla, MO 65402-1517

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Initial payment amount: \$ _____ Regular payment date: ____/____/____

(If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date)

This section to be given to the company:

I authorize **Friends of the Baptist Student Union at Missouri S&T, Inc.** to initiate entries to my account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

 (Name of Financial Institution) (Branch)

 (City) (State) (Zip Code)

 (Signature) _____
 (Date)

 (Name — Please Print)

 (Address — Please Print)

Initial payment amount: \$ _____ Regular payment date: ____/____/____

Account Number: _____ Checking Savings

Financial Institution Routing Number: _____

Please, **attach VOIDED check** with document (between these symbols :| :| on the bottom left of your check). If you NEVER use paper checks, your bank can supply you with ONE for this purpose.