



The Newman Catholic Student Center at The University of Iowa Authorization for Direct Debit (ACH)

Return to: Newman Center, 104 East Jefferson Street, Iowa City, IA 52245 or Fax 319-337-6858.

I (We) hereby authorize the Newman Catholic Student Center of Iowa City, Iowa (hereinafter called the Newman Center) to initiate Debit entries to my (our) account(s) indicated below and the Depository financial institution named below, herein after called Depository, and to credit the same to the Newman Center account. I (we) acknowledge that the origination of electronic funds transactions to my (our) account must comply with provisions of U.S. law. This authority is to remain in full force and effect until the Newman Center has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Newman Center and Depository a reasonable opportunity to act on it.

Depository Name: _____
(Name of Bank)

Branch: _____ City: _____ State: _____ Zip(optional): _____

Routing/Transit # (9 digits) _____

Account Number: _____ Checking Savings

Checking/Savings Automated Contributions: Each month, please debit my account on the on

1st or 15th of the month beginning _____ and apply my gift as follows*:

- \$ _____ Annual Appeal
- \$ _____ Capital Campaign Pledge Payment
- \$ _____ Endowment for Fellowships and Scholarships
- \$ _____ Newman Singers Scholarships
- \$ _____ Offertory
- \$ _____ Outreach and Education Fund

*Please note that if you authorize contributions to more than one fund, the Newman Center may, at its discretion, process the gifts individually. Your bank statement may show separate charges on the same date.

Recognition Information

For gift recognition purposes, please list my/our name as follows:

I/we would like to designate this in memory of, in honor, in celebration of:

Authorized By

Print Name: _____ Email: _____

(include both names on joint account)

Address: _____

(as filed with your credit card company)

City: _____ State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP