

**AUTHORIZATION AGREEMENT FOR AUTOMATIC GIFT WITHDRAWAL  
(ACH DEBITS)**

I (we) \_\_\_\_\_, authorize Lincoln Christian University (LCU) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error from my (our) checking and/or savings account indicated below and the Depository(ies) (Bank, Savings & Loan or Credit Union) named below, to debit and/or credit the same to such account.

**Amount Withdrawn:** \$ \_\_\_\_\_

**Purpose of Gift, if other than Unrestricted:** \_\_\_\_\_

**Date to begin Withdrawals:** \_\_\_\_\_ (Withdrawals can begin 10 days after we receive this form)

**Day of Month Withdrawal will be done:** 1<sup>st</sup>      5<sup>th</sup>      10<sup>th</sup>      15<sup>th</sup>      20<sup>th</sup>      25<sup>th</sup>

**Date of First Withdrawal:** \_\_\_\_\_

**Date of Last Withdrawal:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Type of Account:** Checking/Savings (Circle one)

If withdrawing from a checking account, attach a void check. If withdrawing from a savings account, contact your bank to complete the following two lines:

**Bank Routing & Transit No.:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

This authority is to remain in full force and effect until the date above, or until LCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LCU and Depository(ies) a reasonable opportunity to act on it.

**NAME(S)** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_