

**AUTHORIZATION FOR MONTHLY BANK WITHDRAWAL  
By McKendree University**

Donor's Name & Address:

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Bank Name & Address:

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Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

*Type of Account:* Checking \_\_\_\_ Savings \_\_\_\_ Other \_\_\_\_\_

Monthly withdrawal amount: \$\_\_\_\_\_

Designation: \_\_\_\_\_ Current Annual Fund (Unrestricted)

*For contributions to funds other than the Current Annual Fund please contact the Office of Development, Alumni and Parent Relations at (618) 537-6826.*

Start Date: \_\_\_\_\_ Contribution will be drawn after the 23<sup>rd</sup> of each month.

Agreement signed and dated by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon completion, return form to:  
McKendree University  
701 College Road  
Lebanon, IL 62254