

**Sherman College of Straight Chiropractic
Authorization Agreement for Automatic Payment**

I (we), _____, would like to make a donation to Sherman College of Straight Chiropractic through automatic payment.

This donation is for _____
 Scholarship Teaching Health Center Research

My (our) donation is a one-time/ monthly (select one) donation in the amount of \$_____.

Option #1: ACH Direct Bank Debit

I (we) hereby authorize Sherman College of Straight Chiropractic, to initiate a one-time/ monthly (select one) debit entry to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____

City _____ State & Zip Code _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect ONLY until I (we) have cancelled it in writing and in such manner as to afford Sherman College of Straight Chiropractic and DEPOSITORY reasonable opportunity to act on it.

Name _____ SSN _____

Date _____ Signature _____

*** PLEASE ATTACH A VOIDED CHECK***

Option #2: Credit Card Automatic Debit

I (we) hereby authorize Sherman College of Straight Chiropractic to debit my Visa/MC/AX/ Discover account (in lieu of bank account) for the above listed donation. All terms listed above will apply. Please circle type of credit card and complete the information below.

Card Number _____

Exp. Date _____ Signature _____