

AUTHORIZATION FORM

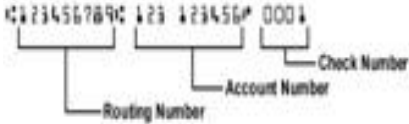
FOR DONATING TO SPECIAL PROJECTS AND FUNDS

St. Isidore's Catholic Student Center

711 Denison Ave., Manhattan, KS 66502

785-539-7496

stisidores@stisidores.com

Check the appropriate box:	<input type="checkbox"/> New authorization <input type="checkbox"/> Change amount	<input type="checkbox"/> Change frequency <input type="checkbox"/> Change banking information	
Last Name: _____		First Name: _____	
Address _____		City _____	
State and Zip _____		Phone _____ Email _____	
Please debit my donation from my: (check one) <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 	
MONTH OF FIRST DONATION:	DONATION DATE:	DESIGNATE AMOUNT:	
_____	<input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Quarterly on the 1 st of Jan., April, July, & Oct.	St. Isidore's Foundation \$ _____ Fr. Keith Weber Endowment Fund \$ _____ Michael J. Kuhn Endowment Fund (choir) \$ _____	
AGREEMENT I authorize St. Isidore's Catholic Student Center and Kansas State Bank to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature: _____		Date: _____	

➔ **Please attach voided check.**