

Recurring Gift Program ACH Authorization

Name: _____	Class: _____
Address: _____	
Telephone: _____	Email: _____

I (We) authorize Bates College to effect payment to Bates College of the amount indicated below by me (either of us). As such amounts become due I (we) authorize Bates College to initiate debit entries to my (our) account indicated below. I (We) authorize the bank to accept any debit entries to my (our) account initiated by Bates College and to debit the same to my (our) account.

I (We) wish to designate our gift:	
Bates Fund: _____	Academic Programs: _____
Scholarships: _____	Student Life: _____
Friends of Bates Athletics: _____	The Arts: _____
Other: _____	

For checking account transfers, please remember to include a voided check or deposit slip.

Bank Name: _____
Bank Address: _____
Bank City: _____ Bank State: _____ Bank Zip: _____

It is understood this agreement may be terminated by me (either of us) at any time by written notification to Bates College or the bank. Any such notification to the College shall be effective only with respect to entries initiated by the College after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the bank shall be effective only with respect to entries debited to my (our) account by the bank after receipt for such notification and a reasonable time to act on it.

PLEASE RETURN TO: College Advancement Office, Bates College, 2 Andrews Road, Lewiston, ME 04240

Deductions are made on the 15th of each month.