



MILES COLLEGE “Bear” DRAFT AUTHORIZATION FORM

HOW MILES COLLEGE “Bear” DRAFT WORKS

Miles College Bear Draft is a method that lets you contribute to Miles College each month through your bank. When you have completed and returned the attached authorization to us, Miles College starts working for you.

Your account will be debited on the designated date of each month. We will furnish your bank with the amount you requested to be debited from your account. Then your charge goes through the banking system in much the same manner as if we had received your personal check on that date.

Even though Miles College draft works automatically, you still retain the same control you have with your current check writing procedures. Your contribution is made monthly, yet you never have to write a check. Of course, you may cancel your authorization at any time by sending us a signed request.

HOW TO START MILES COLLEGE “Bear” DRAFT

1. Fully complete the authorization form below for Miles College to charge/debit your checking account each month for your contribution.
2. Take a blank check from your check book and mark it void. The voided check is essential to set up records with the correct bank codes.
3. Indicate the amount to be deducted each month from your checking account.
4. Return the authorization form, a donation form and voided check to Miles College.

Miles College Draft Authorization Form

Name _____ Date _____

Address _____ City _____ ST _____ Zip _____

Amount of Contribution _____ Date of month for deduction _____

Account Name as shown on Banks' record _____

Print Bank Name _____

Checking account number _____

Address of bank or branch (city, state, and zip code) _____

I hereby request and authorize you to pay and charge my account, deductions drawn on my account by and payable to, the order of Miles College, provided there are sufficient collected funds in said account to pay the same upon presentation.

I agree that your rights in respect to each such deduction shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such deduction. I further agree that if any such deductions be dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever. I hereby authorize my bank to charge my account each month and pay Miles College the amount shown above on a monthly basis.

I hereby authorize Miles College to arrange automatic monthly payments from my checking account. If I choose to terminate this agreement, I will provide the College with written notification, allowing 30 days for cancellation.

Signature _____ Social Security Number _____
(required)

Return to: Miles College, Office of Institutional Planning and Development, P.O. Box 3800, Birmingham, AL 35208.