



# MISSOURI PRESS FOUNDATION

## Authorization agreement for pre-arranged payments

### Auto Bank Routing

I (we) hereby authorize Missouri Press Foundation, hereinafter called MPF, to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called bank, to debit the same to such an account.

<b>Bank Name:</b>	<b>City:</b>	<b>State:</b>
<b>Bank Transit/ABA #:</b>		
<b>Account No.:</b>	<b>Amount to be debited: \$</b>	
<b>Bank Routing No.:</b>		
<b>Name(s):</b>	<b>ID#:</b>	
<b>Address:</b>	<b>Phone #:</b>	

*\*This authorization will not be accepted unless a voided personal check is attached.*

~ OR ~

### Auto Credit/Debit

I hereby authorize Missouri Press Foundation, hereinafter called MPF, to initiate credit/debit card transactions and to initiate, if necessary, any adjustments for any transaction in error to the account indicated below and the credit card type named below, to credit and/or debit the same to such amount.

<b>Credit/Debit Card Type</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	<b>Card Number:</b>
	<b>Expiration Date:</b>
<b>Amount to be charged to card:</b>	<b>Security #:</b>
<b>Name on credit/debit card:</b>	
<b>Address:</b>	<b>Phone #:</b>

### Subject to the following conditions:

1. The items shall be drawn on or about the 1st or 15th of each month.
2. The privilege of making payments under this Plan may be revoked by Central Bank if any item is not paid upon presentation.
3. A service fee will be assessed for any electronic draft returned for insufficient funds or any other reason. Central Bank reserves the right to draft via Electronic Funds Transfer all amounts owed by the member including any and all late fees and service fees.
4. This Automatic Draft Plan may be cancelled by the member at any time provided a written notice delivered to MPF, 802 Locust St., Columbia, MO 65201, 30 days prior to due date. No refunds shall be given for partial months.

This Plan shall apply to the following Applicant/Member.

\_\_\_\_\_  
Applicant/Member Signature

\_\_\_\_\_  
Date:

Choose One