



Please mail completed form to the address below:

Debit Authorization Form

I hereby authorize Eastern Mennonite University to initiate debit entries to my Checking or Savings account from the depository named below, hereinafter called DEPOSITORY, in the amount of \$_____ on or about the 15th of each month.

I direct the Development Office to credit that amount to the following designation(s):

- \$_____ University Fund
- \$_____ Seminary Annual Fund
- \$_____ Center for Justice and Peacebuilding
- \$_____ Bach Festival
- \$_____ WEMC
- \$_____ Other (Please specify) _____

Depository Name/Branch _____

City/State/Zip _____

Select one: [] Checking [] Savings

Transit/ABA No. _____ Bank Acct No. _____

This authority is to remain in full force and effect until Eastern Mennonite University and DEPOSITORY have received notification from me of its termination in such time and in such manner as to afford Eastern Mennonite University and DEPOSITORY a reasonable opportunity to act on it.

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Today's Date _____

Signature _____

Please enclose a voided check or deposit slip, and mail to:

Office of Development
Eastern Mennonite University
1200 Park Rd
Harrisonburg, VA 22802