

# Jamestown COLLEGE

## AUTHORIZATION FOR DIRECT CONTRIBUTION FORM

Please complete and return this form to

Jamestown College  
6082 College Lane  
Jamestown, ND 58405

I, \_\_\_\_\_, authorize Jamestown College to initiate  
(NAME – PLEASE PRINT)

entries to my checking/savings account. This authority will remain in effect until I notify the College in writing to cancel it in such time as to afford the College a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION)

\_\_\_\_\_  
(BRANCH)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP CODE)

\_\_\_\_\_  
(HOME ADDRESS – PLEASE PRINT)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_  
(or enclose a voided check)

**Automatic Contribution Amount: \$** \_\_\_\_\_

**Frequency of Automatic Contribution** (circle one):

One time

Weekly

Bi-weekly

Twice monthly

Monthly

Bi-monthly

Quarterly

Semi-annually

Annually

**Date on which you wish to begin your automatic contribution:**

**Start Date:** \_\_\_\_\_ **End Date\*:** \_\_\_\_\_

\*Direct contribution requests without end dates will continue indefinitely until Jamestown College is notified in writing of your wish to discontinue your automatic deduction.

**Program(s) to which you want your contribution credited:**

Annual Progress Fund (Amt. \$ \_\_\_\_\_)  Friends of the Fine Arts (Amt. \$ \_\_\_\_\_)

Jimmie Booster Club (Amt. \$ \_\_\_\_\_)  Nursing Scholarship Fund (Amt. \$ \_\_\_\_\_)

Other \_\_\_\_\_ (Amt. \$ \_\_\_\_\_)

**Your**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THANK YOU FOR SUPPORTING JAMESTOWN COLLEGE!!!**