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HANOVER COLLEGE



Authorization agreement for electronic funds deposits to the Hanover Fund

I hereby authorize **Hanover College** to initiate credit entries and, if necessaery, debit entries and adjustments for any credit entries in error to my account(s) indicated below and depository(ies) named below to credit and/or debit the same such amount.

Q	Bank name State City State Branch	E	This authority is to remain in full force and effect until Hanover College has received written notification from me of its termination in such time and in such manner as to afford Hanover College and the Bank(s) a reasonable opportunity to act on it. Name (Please print)
2	Checking Account No Transit/ABA No \$ Amount*		Signature
	Savings Account No Transit/ABA No \$ Amount*		Horowsr Alum 2228 Please return completed form with voided Check(s) and/or deposit slip(s) to: Ellen Bare Hanover College Office of Annual Giving & Stewardship 517 Ball Drive Hanover, IN 47243

*\$5 minimum. Amount to be withdrawn on the 5th of each month.

Transit/ABA No. Checking Account No.