

**PREAUTHORIZED CHECK AND CREDIT CARD PLAN FOR THE STUDENT
SCHOLARSHIP/FINANCIAL ASSISTANCE AND ENDOWMENT FUND**

The undersigned request that Florida Memorial University draw a check each month on the bank account indicated on the attached sample check for payment in the amount of _____ to the Scholarship Fund. In consideration of your participation in the Preauthorized Check and Credit Card Plan the undersigned agree to the following:

1. The University will submit the draft for payments to the designated bank on the fourteenth (14th) day of each calendar month. If the draft date falls on a day that the University is closed the draft will occur on the next day the University reopens for business.
2. Either the undersigned or the University may terminate this plan upon fifteen (15) days written notice. In addition, the University may at its option terminate this Plan immediately without any notice if a check drawn on the referenced bank account is not paid when presented. Further, if two or more checks drawn on the referenced bank account are not paid when presented the College may preclude the individual from participating in the Plan in the future.
3. The University administers this Plan solely for the convenience of the undersigned and the University shall not be responsible for any act of omission resulting in loss of rights which may be caused by the referenced bank.
4. Any request for modification of this Plan must be submitted in writing to the Florida Memorial University Office of Development, 15800 NW 42nd Ave., Miami, Florida 33054.
5. A voided check must be submitted with this request.

Method of Payment:

- Check Enclosed Credit Card
 Visa MasterCard AMEX Discover

Card # _____ Exp. Date: _____ Amount: _____

Signature _____

For joint credit, my spouse's name is:

My/my spouse's employer will match my gift. Form is enclosed and info is completed – see reverse

This gift is being made in honor of/in memory of: _____

Send notification to _____

**AUTHORIZATION TO HONOR CHECK DRAWN BY AND PAYABLE TO FLORIDA MEMORIAL
UNIVERSITY NAME OF DEPOSITOR: FLORIDA MEMORIAL COLLEGE.**

To: <u>Bank of America</u>	<u>Miami Lakes, Florida</u>
NAME OF BANK	BRANCH
ABA #063100277	Account #159565-7376
Bank of America, 16320 NW 57 th Avenue	
Miami Lakes, FL 33014	

I request and authorize the bank to pay and charge to my account, # _____ a check drawn by, and payable to **FLORIDA MEMORIAL UNIVERSITY** of Miami, Florida if there are enough funds in this account when the check is presented. I agree that the bank treatment of each check and rights in respect to it, shall be the same as if it were signed by me. It will not be necessary for any officer of the University to sign the check. This right to draw the check shall remain in effect unless terminated by you, until you receive in writing from me termination of this agreement.

Date _____ Signature of Depositor _____
(if joint account sign below)

Signature of Depositor _____

Bank Information (Complete this section if you selected automatic transfer of your fund distributions to your bank account in Section 5 or any of the money transfer options in Section 6. Your bank savings and loan, or credit union must be a member of the Automated Clearing House (ACH network it is important that you tape a voided check or preprinted deposit slip in the space provided below, if you do not there will be a delay in setting up the service.)

Bank Name

Bank Telephone Number

Bank Account Number

Bank Account number (located in the bottom left corner of your check)

Account Type

(Check one) Checking

Savings

<i>J. A. Sample</i>	<i>101</i>
<i>223 Street</i>	
<i>Anywhere, USA 12345</i>	
PAY TO THE ORDER OF	Date _____ \$ _____ _____ DOLLARS
MEMO _____	SIGNED _____
1:123456789:	123456789:

**Tape your voided check
or preprinted deposit slip here.
Please do not use staples to attach it.**