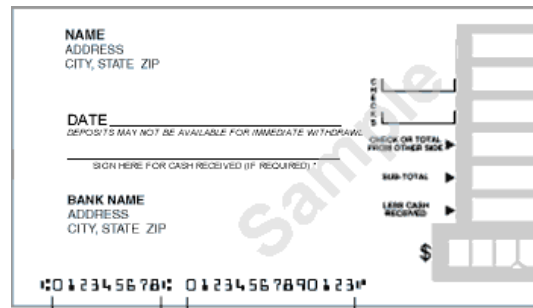


EXAMPLE OF ROUTING AND ACCOUNT NUMBER:



BANK CHECK



BANK DEPOSIT SLIP

Document from bank (statement or letter) must provide institution information as well as an account number

PLEASE NOTE THAT IF ONE OF THE REQUESTED IDENTIFICATION FORMS IS NOT PRESENT YOUR APPLICATION WILL NOT BE PROCESSED

DONATION INFORMATION

I hereby authorize St. Mary's College of Maryland Foundation to institute an electronic transfer from the account provided to the Foundation on the following schedule: (Please note minimum is \$5.00)

- Monthly: \$ _____ on the 20th of the month
- Quarterly: \$ _____ on the 20th of March, June, September and December

This gift is to be applied to:

- St. Mary's Fund (area of greatest need)
- Emergency Assistance Fund
- General Scholarship Fund
- Other (please specify) _____

Comments: (in memory/honor of, etc.) _____

I hereby authorize St. Mary's College of Maryland Foundation, Inc. (THE FOUNDATION) to initiate entries to my checking/savings accounts at the financial institution listed above (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE FOUNDATION is notified by me in writing to cancel it in such time as to afford THE FOUNDATION and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Please print name

Signature

Date

Please make a copy for you records and send this form with the necessary documentation to:

By Mail: Office of Advancement
St. Mary's College of Maryland
18952 E. Fisher Rd.
St. Mary's City, Md 20686

By Fax: 240-895-2112

If you have any questions or concerns please contact us.

Email: advancementoffice@smcm.edu
Phone: (800) 458-8341 or (240) 895-4286.