



AUTHORITY TO TRANSFER FUNDS

(Please Print)

Donor Name: _____

Donor Address: _____

Phone: _____ Email: _____

1. Purpose for submitting this authorization form:

- New Preauthorized payment plan
- Change in Bank
- Change in account number
- Address Change: _____

Type of Account:

- Checking **Financial Institution:** _____
- Savings

2. Please provide your Social Security or Federal ID number: _____
3. Please indicate desired debit date (valid dates 1-28): _____
4. Please provide Bank Telephone (if not shown on Void Check) _____
5. Tape Voided Check only in box below. (Deposit Tickets do not contain all necessary information)
6. Fax form to AGTS Development Office at 417.268.1098.

APPLICANT INFORMATION FOR BANK

You are hereby authorized, as a convenience to me, to pay and charge to my account any check or electronic fund transfer drawn on this account by and payable to the order of the organization indicated above for itself, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or transfer shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice and you have had a reasonable time to act on it. I agree that you shall be fully protected in honoring any such check or transfer.

I further agree that if any such check or transfer be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

Signature of Donor	Date
Please print name as signed above	