



AUTHORIZATION FOR AUTOMATIC TRANSFER VIA AUTOMATED CLEARING HOUSE ('ACH')

Indicate a ✓ in the relevant box (s) below:

- | | | |
|-----------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> New automatic transfer | <input type="checkbox"/> Cancel existing transfer | <input type="checkbox"/> Increase existing transfer |
| <input type="checkbox"/> Decrease existing transfer | <input type="checkbox"/> Change transfer date | <input type="checkbox"/> Change transfer from |

Transfer from:

Institution's Name: _____

Address: _____

Telephone: _____

Routing #: _____

Contact Name: _____

Account Name: _____

Account Number: ☐ _____ ☐ _____
Checking Savings

Transfer to: NORTHLAND FINANCIAL 115 EAST BROADWAY STEELE, ND 58482 701-475-2301 Routing #: 091302160 Contact Name: Irene Schatz Account Name: Mayville State University Foundation Account Number: <input type="checkbox"/> _____ Savings

Transfer Information:

Original Transfer Amount: _____ Date of first transfer: _____
Change transfer amount to: _____ Date of last transfer: _____

Frequency of Transfer: ✓ the appropriate box(s)

- | | |
|-----------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Monthly on the following date: _____ | <input type="checkbox"/> Semi-annually on the following date: _____ |
| <input type="checkbox"/> Quarterly on the following date: _____ | <input type="checkbox"/> Annually on the following date: _____ |
| <input type="checkbox"/> Other: _____ | |

AUTHORIZATION:

I (We) authorize the Institution to transfer funds as described. I (We) agree to maintain sufficient balances to cover such transfers. I (We) agree that the rights of the Institution with respect to each transfer shall be the same as if it were a withdrawal personally signed by me (us.). This agreement shall remain in effect until cancelled by the originator. I (We) acknowledge that my (out) automatic payments are governed by the rules of the ACH Association. I (We) further acknowledge receiving a copy of this authorization.

Signature of person (s) authorizing the transfer

Date

Signature of person (s) authorizing the transfer

Date

ACKNOWLEDGEMENT:

Signature of bank(s) indicating that the transfer has been accepted and will be immediately implemented.

Date

CANCELLATION AUTHORIZATION:

Signature of person (s) authorizing cancellation

Date