



PORTSMOUTH ABBEY SCHOOL

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I hereby authorize PORTSMOUTH ABBEY SCHOOL to initiate debit entries to my ____Checking ____Savings account indicated below and the bank named below. Please attach a voided check and complete the following.

The Portsmouth Abbey School is hereby authorized to withdraw \$____.00 per month from the below listed bank beginning on the first day of _____, 200__ and ending on the first day of _____, 200__. This authority is to remain in full force and effect unless Portsmouth Abbey School receives written notification from me of its termination in such time and in such manner as to afford Portsmouth Abbey School and the bank a reasonable opportunity to act on it.

Bank Name: _____

City: _____, State: _____

Bank Transit/ ABA Routing Number (9 digits): _ _ _ _ _ - _ _ _

Account Number: _____

Your Name: _____

Social Security Number: _ _ _ - _ _ - _ _ _

Signed: _____ Date: _____

Signature

This gift shall be credited to the following (please check one box per form):

- Annual Fund
- Unrestricted Endowment
- Other (please specify below)
