Pre-Authorized Debit
Approval Form

I (we) authorize Hankinson/Mantador Dollars for Scholars (DFS) to initiate debit entries to my (our) checking account for payment. The financial institution named below is authorized to charge these entries to my (our) account.

DEBIT AMOUNT $_____

FREQUENCY

[ ] Monthly
Last business day of each month

[ ] Quarterly
Last business day of
March, June, September, December

[ ] Annually
Last business day of December, each year

_____
Name(s)

_____
Address

_____
City **State** **Zip**

_____
Financial Institution

_____
Routing/Transit Number

_____
Account Number

Savings _____ or Checking _____
Account Type

_____
Address of Financial Institution

_____
City **State** **Zip**

Both DFS and my financial institution have the rights to cancel my use of the Pre-Authorized Debit plan. I will write to DFS if I decide to cancel my use of the Pre-Authorized Debit plan.

X_____
Signature *as shown on my bank account*

_____
Daytime phone number **Today's Date**