



### AUTOMATIC TRANSFER AUTHORIZATION

Account \_\_\_\_\_  
Holder: \_\_\_\_\_

Your Financial \_\_\_\_\_  
Institution: \_\_\_\_\_

#### Transfer From

Account Type    ☐ Checking    ☐ Savings    ☐ Other

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

#### Transfer To: Racer Football Alumni Association

Account Type    ☐ Checking    ☐ Savings    ☐ Other

Account Number \_\_\_\_\_

#### Instructions

Beginning Date \_\_\_\_\_    Amount \_\_\_\_\_

Frequency    ☐ Weekly    ☐ Monthly

☐ Annually    ☐ Other \_\_\_\_\_

#### AUTHORIZATION

I hereby authorize you to make the transfer(s) indicated above until further notice to me. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds.

Account Holder:      X   \_\_\_\_\_    Date:    \_\_\_\_\_

**\*Please provide a voided check**