



### Direct Withdrawal Authorization Form

I give authorization for a monthly donation to be withdrawn from the bank account listed below to Hannibal-LaGrange University.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_ I would like a tax-deductible receipt (*if so, please complete your address information*)

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### Bank information or submit a voided check

Bank Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

Account Type \_\_\_ Checking \_\_\_ Savings

Amount to be Deducted Monthly \_\_\_\_\_

\_\_\_ Recurring

\_\_\_ End Monthly Withdrawals on This Date \_\_\_\_\_

Total gift: \$ \_\_\_\_\_

Please designate my gift for: \_\_\_\_\_

Signature \_\_\_\_\_

Please send completed form to Institutional Advancement at **giving@hlg.edu** or mail it to:

Hannibal-LaGrange University

Institutional Advancement

2800 Palmyra Rd.

Hannibal, MO 63401

If you have questions, please call **(573) 629-3124** or email **giving@hlg.edu**.

#### To Be completed by HLGU:

Date of first withdrawal: \_\_\_\_\_

Day of the month of each subsequent withdrawal: \_\_\_\_\_

*A copy of this document will be given to you for your records*