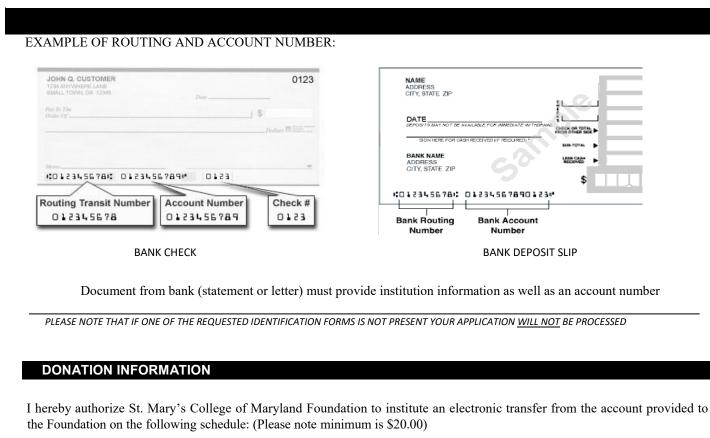


ELECTRONIC FUND TRANSFER

Company: St. Mary's College of Maryland Foundation, Inc. Federal Tax ID: 23-7152890

PERSONAL INFORMATION		
NAME (PLEASE PRINT):Last	First	M.I.
PHONE # H:	C:	
PARTICIPANT MAILING ADDRESS	Street	Apt #
City	State	Zip
Email:		
BANK INFORMATION		
TINIANCIAI INCTITUTION NIAME/DDA	NCII.	
FINANCIAL INSTITUTION NAME/BRA	NCH:	
FINANCIAL INSTITUTION NAME/BRA		
FINANCIAL INSTITUTION NAME/BRA	BRANCH ADDRESS	
FINANCIAL INSTITUTION NAME/BRA Street		
		Zip
Street	BRANCH ADDRESS State	Zip
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Street City NAME OF ACCOUNT HOLDER:	BRANCH ADDRESS State	Zip
Street City NAME OF ACCOUNT HOLDER:	BRANCH ADDRESS State	Zip
Street City NAME OF ACCOUNT HOLDER:	BRANCH ADDRESS State s of identification to this form (mark ty	Zip pe):
Street City NAME OF ACCOUNT HOLDER: Please attach one of the following types Voided Check*Letter from	State State om Institution Deposit Slip w/Acco	Zip pe): Bank Statement
Street City NAME OF ACCOUNT HOLDER: Please attach one of the following types Voided Check*Letter from the same attach should be a second by the same attach should b	State State om Institution Deposit Slip w/Acco	Zip pe):
Street City NAME OF ACCOUNT HOLDER: Please attach one of the following types Voided Check*Letter from	State State om Institution Deposit Slip w/Acco	Zip pe): Bank Statement



Monthly: \$ on the 21st of the month

Quarterly: \$ on the 21st of March, June, September and December

□ St. Mary's Fund (area of greatest need) □ General Scholarship Fund □ Other (please specify)

Comments: (in memory/honor of, etc.)

Lharaby outborize St. Mary's College of Maryland Foundation, Inc. (THE FOLIND ATION) to initiate entries to my checking/covings accounts at

I hereby authorize St. Mary's College of Maryland Foundation, Inc. (THE FOUNDATION) to initiate entries to my checking/savings accounts at the financial institution listed above (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE FOUNDATION is notified by me in writing to cancel it in such time as to afford THE FOUNDATION and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Please print name Signature Date

Please make a copy for your records and send this form with the necessary documentation to:

St. Mary's College of Maryland Foundation, Inc.

18952 E. Fisher Rd.

This gift is to be applied to:

St. Mary's City, MD 20686

If you have any questions or concerns please contact us: advancementoffice@smcm.edu 240-895-4282