



**SOUTHEASTERN**  
COMMUNITY COLLEGE  
FOUNDATION

**WHEN COMPLETED, FAX OR SEND FORM VIA U.S. MAIL TO SCC FOUNDATION**

**FAX 319-208-5006 or mail to SCC Foundation, 1500 W. Agency Rd., West Burlington, IA 52655**  
**FOR SECURITY PURPOSES - DO NOT SEND VIA EMAIL**

### Debit Authorization

I (we) hereby authorize (Southeastern Community College Foundation) hereinafter called "Company," to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_ Checking \_\_\_ Savings

\$ Amt: \_\_\_ One Time Gift \_\_\_ OR Recurring Twice Monthly (15<sup>th</sup> and 30<sup>th</sup>) \_\_\_, Monthly \_\_\_, or Yearly \_\_\_

Date to BEGIN: (please allow at least five business days from date below): Month \_\_\_ Day \_\_\_ Year \_\_\_

Building the Dream: \_\_\_ Call me about Naming Opportunities: \_\_\_ / Other: \_\_\_ Call me to discuss: \_\_\_

\_\_\_ Continue until I provide written notification (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request, OR \_\_\_ I elect instead to END the Debit Authorization on Month \_\_\_ Day \_\_\_ Year \_\_\_.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Individual ID Number)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**