

AUTHORIZATION FOR DIRECT PAYMENT

I authorize North Dakota Museum of Art and the financial institution named below to initiate electronic entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel in such time as to afford the financial institution a reasonable opportunity to act. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution and Branch

City, State, and Zip Code

First and Last Name - Please Print

Your Address - City, State, and Zip Code

Signature

Checking

Account Number

Savings

Routing Number **Please Attach Voided Check**

On _____ (Date)

I authorize the North Dakota Museum of Art to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the Museum.

Annual Payment Amount: \$ _____

Annual payments will be processed December 28. If December 28 falls on a weekend, withdraws will be performed on the following business day.

Monthly Payment Amount: \$ _____

Payment Date: 1st or 16th of each month.

Please circle

If on any month the date chosen falls on a weekend or holiday, withdraws will be performed on the following business day.