

## Authorization and Agreement for Automatic Draft of Payments

Name of Bank Depository or Credit Union:

\_\_\_\_\_

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

Bank or **Credit Union** 9-Digit Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**\*If draft will be from a Credit Union account**, the routing number and account number may be different from the numbers shown on the front of the deposit slip. Please ensure you entered the correct information to facilitate prompt activation.

### Bank/Credit Union Account Holder Information and Authorization (individual whose account will be drafted)

Name of Bank/Credit Union Account Holder

\_\_\_\_\_

Street Address

\_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_

Email address: \_\_\_\_\_

Please check one:  Checking Account  Savings Account

As the bank/credit union “account holder,” I authorize Mashburn Scholarship Foundation (MSF) to withdraw \$ \_\_\_\_\_ or the MSF account holder’s exact payment amount, whichever is greater, on the date the payment is due (or first business day thereafter) each month. I understand and agree that:

- This authorization will remain in effect until MSF receives a written notification of cancellation. MSF must receive this notification at least 10 days in advance of the next payment due date.
- MSF may make the appropriate adjustments with the depository to ensure the proper payment amount is made.
- MSF will notify me of the exact date the automatic draft will begin and that I must send MSF a check, money order, or online payment for any monthly payments that are due until that date arrives.
- If the MSF account holder’s scheduled monthly payment increases to an amount that is greater than the amount requested above, MSF will automatically increase the amount drafted to equal the scheduled monthly payment without further notification to me.

**Signature of Bank/Credit Union Account Holder**

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**Where to Send the Completed Authorization and Agreement for Automatic Draft**

Return this completed form and either a “voided” check or deposit slip to:

**Mashburn Scholarship Foundation Trust**  
**Arvest Asset Management**  
**Attn: Mary Ella Earle**  
**Post Office Box 1327**  
**Fayetteville, AR 72702**  
**479-575-1086 or email: [mearle@arvest.com](mailto:mearle@arvest.com)**