

AUTOMATIC MONTHLY DEDUCTION PROGRAM AUTHORIZATION AGREEMENT

By completing and returning this form, you will be on your way to establishing an easier and cost-effective way of making your gift through Dickinson's monthly payment charitable contribution program. This notification to draft your bank account or charge your credit card on or about the 15th of each month will remain in effect until we have received notification from you of its termination, and Dickinson has had reasonable opportunity to act upon your request. Your monthly statement will adequately describe this deduction when it occurs.

Please enroll me (us) in the Automatic Monthly Deduction program.

NAME(S): _____ CLASS YEAR: _____

MONTHLY DEDUCTION AMOUNT: \$ _____

(Dickinson's fiscal year runs from July 1 to June 30. Total yearly contribution will depend on month of first debit.)

GIFT DESIGNATION: _____

BANK DRAFT OPTION

I (we) hereby authorize Dickinson College to initiate debit entries to my (our) bank account indicated below and the financial institution below, to debit the same to such account. *Please attach a voided check to this form.*

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

ABA /Routing No. _____ Account No. _____

(first set of numbers on the lower left-hand side of your check)

Signature(s) _____ Date _____

CREDIT CARD OPTION

I (we) hereby authorize Dickinson College to initiate charges to my (our) credit card indicated below.

Type of card VISA MasterCard Discover

Account No. _____ / _____ / _____ Expiration Date _____

Signature(s) _____ Date _____

In most cases you can expect your deductions to begin during the current month's cycle provided we receive your authorization prior to the 15th. However, if your authorization arrives on or immediately following the 15th, you should be aware that your first deduction may take as long as 30 days to begin.

This authority to remain in full force and effect until Dickinson College has received written notification from me (or by either of us) of its termination in such time and in such manner as to afford Dickinson College a reasonable opportunity to act upon my (our) request.

Please return to: Office of Annual Giving, Dickinson College, P.O. Box 1773, Carlisle, PA 17013