

Automatic Electronic Withdrawal Authorization Agreement

Missouri Association for Social Welfare
606 East Capital Avenue, Jefferson City, MO 65101
Office: 573-634-2901 Fax: 573-635-1648

I hereby request and authorize Missouri Association for Social Welfare (MASW) to:

Please select one:

- Withdraw the amount of \$ _____ on the **1st** of each month
 Withdraw the amount of \$ _____ on the **16th** of each month

*Start the monthly deductions on: _____

Attach a VOIDED check here.

Your Name: _____

Mailing Address: _____

Contact Phone #: _____

Please fill in the above information if it is not on your voided check.

- All the information is available on the face of the check.

E-mail: _____

The undersigned hereby authorizes MASW to initiate debit entries to the account indicated on the face of the check (see above check) in the amount noted above and on the day designated by the undersigned. This authority is to remain in effect for 12 consecutive months, as of the start date* (filled in above). *To terminate agreement prior to the completion of the 12 months, please contact MASW staff at least one week prior to the scheduled deduction date via phone.*

Authorizing Signature

Date Authorized

For this agreement to be valid (a) the exact amount of the monthly deduction must be filled and the day of month selected; (b) a starting date for the monthly deduction filled in; (c) a voided check *must* be attached to this agreement; and (d) the check-holder's signature and date.

Please be sure to keep a copy of this agreement for your records.

Please return the completed form to MASW for processing.