

### Authorization Agreement for Automatic Withdrawal of Funds

Donor #: \_\_\_\_\_  
*(leave blank if not applicable)*

Name on Account *(please print)*: \_\_\_\_\_

Address \_\_\_\_\_

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

Please debit my donations from my *(check one)*:

Checking Account *(attach voided check)*

Savings Account *(attach savings deposit slip)*

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

!123456789! 123 123456! 0001  
Routing Number Account Number Check Number

#### Regular Donation

I would like to make the following donation(s):

- STEM Senders Fund
- STEM Staff Support for: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Donation Frequency:

Monthly — on or nearest business day to the **20th**  
*(the 20th is a pre-determined date)*

Monthly Amount: \$ ,  .

I authorize **STEM Int'l** and **Vanco Services, LLC** to process monthly debit entries from my account as indicated above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination. I also understand that there will be a **\$3.00** fee automatically charged to my account for every transaction returned due to insufficient funds (NSF). I have attached a voided check or savings deposit slip below.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach voided check or savings deposit slip here.

**Instructions:** When completed, please return to: **STEM Int'l, PO Box 386001, Minneapolis MN 55438.**

*In accordance with IRS regulations, all contributions are received under the full control and authority of the STEM Board of Directors ... thank you!*