

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

Donation Frequency *(pre-determined date)*:

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

Monthly — on or nearest business day to the **20th**

STEM Senders Fund

STEM Staff Support for: _____

Other: _____

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!