



**AUTHORIZATION AGREEMENT FOR MONTHLY DONATION TO FACULTY FOUNDATION (ACH DIRECT DEBIT)**

I authorize Maricopa Community Colleges Faculty Association (MCCFA) to initiate debit entries to my account indicated below and the depository financial institution named below to debit the same such account for **monthly donations to the Maricopa Colleges Faculty Foundation**.

This authorization is to remain in full force and effect until MCCFA has received written notification from me of its termination in such time and in such manner as to afford MCCFA and my financial institution a reasonable opportunity to act upon it. If an ACH debit should be returned or dishonored by my bank for any reason, MCCFA is authorized to re-attempt the payment and include reimbursement of any fees incurred.

NAME (print)	
HOME ADDRESS	CITY/STATE/ZIP
HOME EMAIL ADDRESS	PHONE
DEPOSITORY/BANK NAME	ACCOUNT TYPE (check one) [ ] checking [ ] savings
ROUTING NUMBER (see illustration below)	ACCOUNT NUMBER (see illustration below)
MONTHLY DONATION \$ _____	
SIGNATURE	DATE

**Please mail signed Authorization Agreement and a voided check or deposit slip from the authorized account.**

The **Maricopa Colleges Faculty Foundation** is a 501(c)3 charitable organization established by the Faculty Association to provide funding to support Maricopa student success.

[mcff.org](http://mcff.org)

**Mailing Address**  
MCCFA  
520 E Southern Ave  
Tempe, AZ 85282

**Contact Us**  
Phone: 480.894.8700  
Fax: 480.894.8710  
Online: [www.mccfa.org](http://www.mccfa.org)



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