



**PREAUTHORIZED PAYMENT
(ACH DEBIT) AUTHORIZATION FORM**

*Complete and return to the:
New Mexico Military Institute
Office of Alumni Relations
101 West College Boulevard
Roswell, NM 88201-5173*



I hereby authorize the NMMI OFFICE OF ALUMNI RELATIONS to initiate debit entries to the () Checking or () Savings account indicated below and the depository named below, hereinafter called the DEPOSITORY, to debit the same to such account. **I am a signor on the account indicated below.**

Checking/Savings Account Number: _____

Transit/ABA Number (found on the bottom left of your check): _____

Financial Institution Name: _____

Financial Institution Address (City, State): _____

Monthly Amount to Debit for my Membership Donation (Minimum \$10/month): _____

Begin ACH Debit from Account: Month: _____ Year: _____

If you want your gift to be increased by \$1 per month on 1 July of each year, sign below:

SIGNATURE: _____

The NMMI OFFICE OF ALUMNI RELATIONS will schedule all ACH Debits for the 20th of each month. This authority will remain in effect until the NMMI OFFICE OF ALUMNI RELATIONS has received written notification from me of its termination in such time and in such manner as to afford the NMMI OFFICE OF ALUMNI RELATIONS thirty days to act.

Name on Account (Please Print): _____

Signature: _____ Email: _____

Date: _____ Daytime Telephone: _____

**Attach Voided Check for ACH Debit to
your checking account.**

**Attach Deposit Slip for ACH Debit to your
savings account.**