

LEGACY CLUB MEMBERSHIP - SH ALUMNI & SUPPORTERS, INC.



Your Name _____ Address _____

City _____ State ____ Zip _____

I (we) hereby authorize the Alumni & Supporters, Inc./Legacy Club to initiate debit entries in the amount of _____ per Month (minimum \$10) to my (our) account indicated below and depository named below, to debit the same to such account on the 5th day of each month (or next banking day if bank is closed).

Depository Name (Your bank) _____ Branch Number (if applicable) _____

City _____ State ____ Zip _____ Routing Number _____ Account Number _____

The Authority is to remain in effect until the Alumni & Supporters, Inc. has received written notification from me (either of us) of its termination to afford the Alumni & Supporters, Inc. and Muenster State Bank a reasonable opportunity to act on it.

This donation is to be in memory of _____ (if applicable)

Signed _____ Date _____ Signed _____ (if joint account) Date _____

Mail this form to SH Legacy Club, PO Box 97, Muenster, TX 76252 For more info go to www.shalumni.org/legacy-club