



GIVING *made* EASIER

Your financial support of MidAmerica Nazarene University makes you a valuable partner in the MNU mission! We're pleased to make giving even easier through our Electronic Funds Transfer (EFT) Giving Program.

"I know MNU counts on consistent giving, and automatic withdrawals help me place a priority on regular support. The monthly contributions may not be large, but they make an important difference!"

*Darric Wright
Class of 2000*

Electronic Funds Transfer (EFT) Giving Program

You may partner with MidAmerica by making regular contributions on a monthly basis with funds automatically transferred from your checking or savings account.

Many donors find this to be a convenient way to make an on-going commitment to MNU. By spreading their donations over a long period of time, they are able to contribute more generously than a one-time donation would allow.

To enroll, please complete the EFT authorization form and mail or fax the document along with a voided check or deposit slip to:

MidAmerica Nazarene University
Office of Institutional Advancement
2030 E. College Way
Olathe, KS 66062-1900
Fax: (913) 971-3413



EFT (Electronic Funds Transfer) Giving Program Authorization Agreement

1 Personal Information

Name _____

Address _____

City, state, zip _____

Home phone _____

Work phone _____

E-mail address _____

2 Monthly Gift Amount \$ _____

Please use my gift for the following (e.g., Annual Fund, Capital Campaign, etc.)

A. _____ \$ _____

B. _____ \$ _____

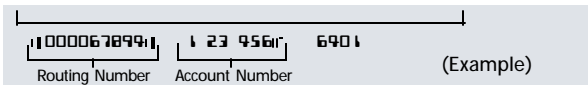
C. _____ \$ _____

3 Bank Information

Bank name _____

Routing (ABA) number _____

Account number _____



Make the monthly deduction from my:

checking account (enclose or fax voided blank check)

savings account (enclose or fax savings deposit slip)

I prefer the monthly transfer date of:

10th 25th (check one)

Please start the transfer the month of _____

I hereby authorize MidAmerica Nazarene University to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Depository, named above, and for my Depository to debit and/or credit the same such account. I acknowledge that the origination of ACH (EFT) transactions to my account must comply with the provisions of the U.S. law. The authority shall remain in full force and effect until MNU has received written notice from me of its termination in such time and in such manner as to afford MNU and Depository, named above, a reasonable opportunity to act upon it.

Signature _____ Date _____