

MOUNT HOLYOKE

AUTHORIZATION FOR DIRECT DEPOSIT OF BENEFICIARY PAYMENTS

1) I hereby authorize **Mount Holyoke College**, to make direct deposits from any and all accounts of which I am a beneficiary or gift annuitant to my account at the Financial Institution named below. Also, Mount Holyoke College is authorized to void any incorrect deposit made to my account and reinitiate a correct deposit. I will not hold the Financial Institution named below liable for any erroneous deposits made by Mount Holyoke College. This authorization shall remain in effect until written notice is given to Mount Holyoke College by the undersigned.

Signature: _____ Date: _____

Signature: _____ Date: _____

2) Financial Institution Information

Financial Institution Type: Bar Savings & Loan/Credit Union Brokerage Firm
Account Type: Cl icking Account Savings Ac unt

Account Holder Name: _____

(e.g., Mary Lyon)

Bank Account #: _____ ABA #: _____

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

Phone Number: _____

It is required that you include a voided check for the checking account to which payment will be deposited.

For non-checking accounts, please provide a pre-printed deposit slip.

Return to:
Gift Planning
College Relations Office, Mount Holyoke College
50 College Street
South Hadley, MA 01075

FOR MOUNT HOLYOKE'S USE ONLY:

ABA Routing Number: _____

Bank Account Number: _____