

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS**

DAKOTA WOODLANDS ▪ 3430 WESCOTT WOODLANDS ▪ EAGAN, MN 55123 ▪ PH: 651-456-9110

<b>Last Name</b>		<b>First Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b> (    )	<b>E-Mail Address</b>		

<b>Please debit my contribution from my</b> (check one):  _____ Checking Account  _____ Savings Account  Bank Name _____ Branch _____	<b>Routing Number:</b> (routing #'s are located on the far left side of your check)  _____  <b>Account Number</b>  _____
--	--

<b>Date of first contribution:</b> ____/____/____  <b>Special Instructions:</b>	<b>Frequency of contribution:</b> (please check only one) _____ Semi-Monthly-5 <sup>th</sup> and 20 <sup>th</sup> _____ Monthly-the 5 <sup>th</sup> _____ Monthly on the 20 <sup>th</sup>
---	--

**AGREEMENT:**  
I AUTHORIZE DAKOTA WOODLANDS TO PROCESS DEBIT ENTRIES TO MY ACCOUNT. I UNDERSTAND THAT THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I PROVIDE WRITTEN NOTIFICATION 4 WEEKS PRIOR TO WITHDRAWAL DATE TO TERMINATE THE AUTHORIZATION.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE ATTACH A VOIDED CHECK HERE*