

Authorization Agreement for Automatic Withdrawals (ACH Debits) GM Minority Dealer Development Scholarship Program

Thank you for your willingness to provide scholarship donations through regularly scheduled ACH debits to your bank account. Your support is truly appreciated and will be of significance to the young men and women who benefit from your generosity.

Based on the information provided below, I (we) hereby authorize the CMS Foundation, the program administrator for the GM Minority Dealer Development Scholarship Program, to initiate debit entries to my (our) checking/savings account as per information and instructions provided below.

Donor Information

Donor Name: _____

Business/Dealership Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Donation Amount and Frequency

Repeating Donation Amount: _____ **Frequency:** Weekly Monthly Quarterly Annually
(Please Circle)

Start Date: _____

Banking Information

Bank Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Routing/ABA# _____ **Account Number:** _____

Please Circle: Checking or Savings

Authorization

This agreement is to remain in full force until such time as the CMS Foundation receives written notification from me (or either of us) of its termination.

Authorizing Signature(s):

Printed Name: _____ **Signature:** _____ **Date:** _____

Printed Name: _____ **Signature:** _____ **Date:** _____

(If Applicable)

Thank you for your support! Please return completed form to the CMS Foundation at the address below