

Clarkson University
Authorization Agreement for Electronic Funds Transfer
for Clarkson University gift annuities, charitable trusts and pooled income funds

I (we) hereby authorize and request BNY Mellon Wealth Management, hereinafter called BNY MELLON, to make payments of any amount owing to me (either of us) by initiating credit entries to my (our) account at the bank or institution named below, hereinafter called FINANCIAL INSTITUTION.

Bank Name	Bank Transit Routing Number (obtain from your financial institution)
Bank Address	Bank Account Number
City, State, Zip Code	Type of Account: <input type="checkbox"/> Checking* <input type="checkbox"/> Savings
Bank's Telephone Number	* PLEASE INCLUDE A VOIDED CHECK FROM THE ACCOUNT TO WHICH YOUR PAYMENT WILL BE DEPOSITED
Representative's Name (If available)	

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to BNY MELLON. Any such notification to BNY MELLON shall be effective only with respect to entries initiated by BNY MELLON after receipt of such notification and reasonable opportunity to act on it.

I (we) hereby authorize BNY MELLON to debit my (our) account for amounts in error not to exceed the original credit or for any payments made to FINANCIAL INSTITUTION after my death (the death of either one or both of us). I (we) agree that BNY MELLON shall have the right to require from time to time evidence that I (we) am (are) living.

ACCOUNT HOLDER'S NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER
ACCOUNT HOLDER'S SIGNATURE	DATE
JOINT ACCOUNT HOLDER'S NAME (IF APPLICABLE)	SOCIAL SECURITY NUMBER
JOINT ACCOUNT HOLDER'S SIGNATURE	DATE

Return to:
Office of Gift Planning, Box 5522, 8 Clarkson Ave, Woodstock Lodge, Clarkson University, Potsdam, NY 13699. For help with questions call 315-268-7778 (toll-free 1-877-928-4438) or email sal@clarkson.edu. (rev. 2/2011)