

## **AUTOMATIC INVESTMENT SERVICES (AIS)**

The following information is necessary for us to assist you in automating financial contributions to the CORBAN ANNUAL FUND. This information is kept secure when not in use. You will be notified immediately if the transaction is not successful for any reason. Contact the Corban Business Office at 5O3-375-7O3O if you have any questions. **Except for the first** withdrawal, all AIS withdrawals are processed either on the tenth (10<sup>th</sup>) of each month or the twenty fifth (25<sup>th</sup>) of each month.

Registration Informa		Establish new AIS	
		Change Bank Account Number on existing AIS	
Individual Name:			
Joint Name:			
Address:			
Daytime Telephone:		Email:	
First Withdraw Date:	//	Amount: \$	
Subsequent Withdraw	al Date: 🗖 10 <sup>th</sup> of	f each month  25 <sup>th</sup> of each month	
Account Number:		□ Checking □ Savings □ Money Market	
	Please a	attach a voided check in this space	
account identified above del transaction(s). This authority	bit entries drawn o y shall remain in ful	e Bank of the Cascades to initiate and charge to my individual or our join on the account provided there are sufficient funds in the account to pay all force and effect until Corban has received written notification from mer as to afford Corban University a reasonable opportunity to act on it.	
Signature		Date	
Please mail completed form		D 1 D : CF C 1	6100-E