

MIGRIP AUTOMATIC CONTRIBUTION ENROLLMENT FORM

I authorize MAHU to deduct my contribution from the checking, savings or credit card account listed below. I understand that I control my payments, and if at anytime I decide to discontinue this contribution, I will notify MAHU.

Name (as shown on your account) _____

Address _____

City/State/Zip _____

Daytime Phone () _____

Credit Card Type _____ Account # _____ Exp. Date _____

Signature _____	Date _____
-----------------	------------

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Name of Financial Institution _____

ABA/routing number ____ - ____ - ____ (9 digits on bottom of check)

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number please contact your financial institution.

Checking Account # _____ OR Savings Account # _____

Type of Account: Business _____ Personal _____

I wish to make a donation of:

____ \$200 ____ \$150 ____ \$100 ____ Other

____ I have enclosed my check payable to MAHU/MIGRIP

____ I wish to contribute via my monthly bank draft:

____ I wish to contribute monthly via credit card

____ \$25 ____ \$15 ____ \$10 ____ Other

Please choose day of draft: ____ 1st ____ 15th

PLEASE ENCLOSE VOIDED CHECK OR DEPOSIT SLIP

Please return this form and payment to:

**MIGRIP – MAHU
C/O Michael A. Embry
26240 Wacker Drive
Chesterfield Twp., MI 48051**