



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

CHECK ONE:

- | | | |
|---|---|---|
| <input type="checkbox"/> New authorization
Effective date: ___/___/___ | <input type="checkbox"/> Change authorization
<input type="checkbox"/> Payment amount
<input type="checkbox"/> Payment date
<input type="checkbox"/> Bank information
Effective date: ___/___/___ | <input type="checkbox"/> Terminate authorization
Effective date: ___/___/___ |
|---|---|---|

DONOR INFORMATION:

Last Name _____ First Name _____
 Address _____
 City State Zip _____
 Email Address _____ Phone Number _____

TYPE OF ACCOUNT:

Please debit payment from my (check one):

- Savings Account Checking Account (staple a voided check below)
- Routing Number: _____ Account Number: _____

DONATION FREQUENCY:

- One-Time (15th of the month) Monthly (15th of the month) Quarterly (15th of the month)

AMOUNT: \$ _____

GIFT DESIGNATION: Please designate my gift to:

Amount	Fund Number	Fund Name

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Mail this form to:
 University of Wisconsin Foundation
 1848 University Avenue
 Madison, WI 53726

Questions: Contact Gift Processing
 Phone: 608-263-4545 or 800-443-6162
 Email giving@supportuw.org