



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

CHECK ONE:

New authorization

Effective date: __/__/__

Change authorization

Payment amount

Payment date

Bank information

Effective date: __/__/__

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:

Monthly (15th of the month)

Quarterly (15th of the month)

AMOUNT: \$ _____

Note: For one-time donations via checking or savings account, visit: supportuw.org/how-to-give/bank-transfer

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 Services
Phone: 608-263-4545 or 800-443-6162
Email giving@supportuw.org