



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

DONOR INFORMATION

First Name _____ Last Name _____

Spouse's First Name _____ Spouse's Last Name _____

Address _____

City/State/Zip _____

Email Address _____ Phone Number _____

GIFT DESIGNATION

Please designate my/our gift to:

AMOUNT	FUND NAME (AND NUMBER IF KNOWN)	APPLY GIFT TO AN EXISTING PLEDGE
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

AUTHORIZATION

Check one:

☐ **New authorization**

Effective date: _____

☐ **Change authorization**

☐ Payment amount

☐ Payment date

☐ Bank information

Effective date: _____

☐ **Terminate authorization**

Effective date: _____

DONATION FREQUENCY

Check one:

☐ **Monthly** (First of the month)

Amount \$ _____

☐ **Monthly** (15th of the month)

Amount \$ _____

☐ **Quarterly** (15th of the month)

TYPE OF ACCOUNT

Check one:

Please debit payment from my:

☐ **Savings account**

☐ **Checking account**

Routing Number

Account Number

Staple a voided check below.

I authorize the University of Wisconsin Foundation 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 _____

Changes or cancellations to your recurring gift can be made at supportuw.org/recurring. You may also call 800-443-6162 if requests are being made within five business days of a scheduled charge.

Mail this form and your voided check to:

University of Wisconsin Foundation
Attn: Gift Services
1848 University Avenue
Madison, WI 53726-4090

Questions: Contact Gift Services

Phone: 608-263-4545 or 800-443-6162

Email: giving@supportuw.org

For one-time donations via your checking or savings account, visit supportuw.org/how-to-give/bank-transfer and select "Transfer Notification Form."