



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS ACH DEBITS

I/we hereby authorize the UNIVERSITY OF WISCONSIN FOUNDATION, hereinafter called Company, to initiate debit entries to my/our ☐ personal checking account or ☐ corporate checking account (select one) indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Bank Name: _____

Bank Address: city/state/zip _____

Routing Number: _____ Account Number: _____

Please attach a voided check.

Donor Name(s): _____

Address: city/state/zip _____

Daytime Phone: _____ Email: _____

I authorize the University of Wisconsin Foundation to debit my checking account for:

\$ _____ for _____ consecutive **MONTHS** beginning in _____ (month) until my total pledge of \$ _____ has been fulfilled. I understand the transactions will be processed on the 15th of each month.

Please use this gift: ☐ for greatest need ☐ other _____
school/college, department or program

This authorization is to remain in full force and effect until the total pledge is fulfilled, or until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signature: _____ Date: _____

Please attach a voided check and mail it with this completed form to:

UW Foundation

Attn: Gift Processing

1848 University Ave.

Madison, WI 53726-4090