



## 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 **QUARTERLY** debit my checking account for:  
\$ \_\_\_\_\_ beginning in \_\_\_\_\_ (month) until my total pledge of \$ \_\_\_\_\_ has been fulfilled. I understand the transactions will be processed on the 15th of March, June, September and December.

Please use this gift: ☐ for greatest need ☐ for \_\_\_\_\_  
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*