



**UW-Whitewater Foundation, Inc.**  
**Alumni Center**  
**800 West Main Street**  
**Whitewater WI 53190**

Authorization Agreement for Direct Donations  
 Automated Clearing House (ACH) Debits

We now offer the convenience of making donations through pre-authorized withdrawal(s) from your bank account. With your authorization, we will automatically debit your checking account on the 15<sup>th</sup> of the month(s) in the amount you designate. At any time you may change or cancel your authorization so that you can maintain control throughout the process. Bank drafts are established according to your specifications and are canceled only when you submit a written request to the UW-Whitewater Foundation, Inc. Once your authorization form is received, allow two weeks for set up. You will see the debit on your bank statement for the amount and duration you specify.

**Instructions:** To sign up, simply complete this form. Mail it back to the address above or fax to: 262-472-5607. Since this form contains confidential bank account information we recommend you do not email it for security reasons. If you have questions please call Laurie Miller, UW-Whitewater Foundation Manager at: 262-472-1105.

<b>Check the appropriate box:</b> <input type="checkbox"/> New enrollment/authorization  <input type="checkbox"/> Change in bank account  <input type="checkbox"/> Change in authorized amount  <input type="checkbox"/> Please stop my ACH donation Effective date: _____	Last name		First Name		M.I.
	Address				
	City		State	Zip	
	Home Phone		Email		
Financial Institution Name			<u>Circle Account Type:</u> <b>Checking</b> <b>Savings</b> <b>Your account will be debited the 15<sup>th</sup> of the month(s) you specify below.</b>		
Bank Routing Number (the first nine digits on the bottom line of your check)			Bank Account Number (the digits following the routing number)		
<b>This authorization will remain in full force between the dates of</b> ____/____/____ <b>to</b> ____/____/____ <input type="checkbox"/> Single Donation of \$ _____ the month of _____. <input type="checkbox"/> Equal Recurring Monthly Donations of \$ _____. <input type="checkbox"/> Semi Annual Donation of \$ _____ the months of _____ and _____. <input type="checkbox"/> Quarterly Donation of \$ _____ the months of _____, _____, _____, _____. Fund to apply payments to: _____ (Questions on funds – contact Laurie Miller listed above)					
<b>REQUIRED:</b> By my signature below, I hereby authorize UW-Whitewater Foundation, Inc. to withdraw from my account the amount listed above. This authority will remain in effect until I give reasonable notification in writing to the UW-Whitewater Foundation, Inc. to terminate the authorization.   Signed: _____					