

UW-L Foundation

Advancing philanthropy through service to our donors, campus and community



AUTHORIZATION AGREEMENT FOR ACH DEBITS (MONTHLY)

ACCOUNT INFORMATION

Checking Account Savings Account

Financial Institution _____

Address _____

City/State/Zip

Routing #: _____ (9 digit)

Account #: _____ (17 digit max)

Please attach a voided check.

DONOR INFORMATION

Name(s): _____

Address _____

City/State/Zip

Preferred Phone: Home (landline) Work Cell _____

I hereby authorize **UW-La Crosse Foundation, Inc.** to withdraw funds from my/our account at the financial institution named above.

Please make **MONTHLY** withdrawals in the amount of \$ _____ for _____ consecutive MONTHS beginning in _____ until my total pledge of \$ _____ has been fulfilled. I understand the transaction will be processed on the 15th of each month.

Please use this gift: for greatest need other _____

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

(Signature)

(Date)

(Signature)

(Date)

Please return form to:

UW-La Crosse Foundation, Inc.
Attn: Jason Gelder
PO Box 1148
La Crosse, WI 54602-1148

Questions:
1.877.895.3863
or
608.785.8491