UW-L Foundation

Advancing philanthropy through service to our donors, campus and community

AUTHORIZATION AGREEMENT FOR ACH DEBITS (QUARTERLY)

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 **QUARTERLY** withdrawals in the amount of $ _____beginning in _____ 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 □ 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