

# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

<p><b>Please print this form, fill it out, and mail it with a <u>voided</u> check to:</b></p> <p>University of Wisconsin-Eau Claire Foundation Schofield Hall 214-C P.O. Box 4004 Eau Claire, WI 54702-4004 1-877-625-2473</p>	<p><b>NOTE:</b> Your donation will be deducted from your checking account between the 10<sup>th</sup> and 15<sup>th</sup> of each month.</p>
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## PERSONAL INFORMATION

Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

Are you a UWEC graduate?  Yes  No

## GIFT INFORMATION

I authorize the University of Wisconsin-Eau Claire Foundation to deduct from my bank account \$ \_\_\_\_\_ per month beginning \_\_\_\_\_ (month and year).

Please designate my gift to:

- UW-Eau Claire Excellence Fund
- Other, please specify: \_\_\_\_\_

## BANK INFORMATION

Your financial institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Financial institution's routing number: \_\_\_\_\_  
(The nine-digit sequence of numbers appearing at the bottom left of your check.)

Checking account number: \_\_\_\_\_

**IMPORTANT:** Please enclose a voided check (not a deposit slip) for account verification.

## AUTHORIZATION

I hereby authorize the University of Wisconsin-Eau Claire Foundation to initiate monthly debits, between the 10<sup>th</sup> and 15<sup>th</sup> day of the following month, and continuing each month thereafter. I understand that both the University of Wisconsin-Eau Claire Foundation and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until revoked by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_