

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Please fill out this form and mail it with a <u>voided</u> check to: UW-Eau Claire Foundation 127 Roosevelt Avenue PO Box 1208 Eau Claire, WI 54702-1208	NOTE: Your donation will be deducted from your checking account between the 15 th & 20 th of each month.
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PERSONAL INFORMATION

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

GIFT INFORMATION

I authorize the University of Wisconsin-Eau Claire Foundation to deduct from my bank account:

\$ _____ per month.

Please designate my gift to: _____ Excellence Fund (areas of needed support), OR
specify fund(s): _____

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 15th & 20th 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: _____

Direct questions regarding EFT's to Dana Thompson at 715-836-5620 or email: thompsod@uwec.edu.