

# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

<b>Please fill out this form and mail it with a <u>voided</u> check to:</b>  UW-Eau Claire Foundation P.O. Box 4004 Eau Claire, WI 54702-4004	<b>NOTE:</b> Your donation will be deducted from your checking account between the 15 <sup>th</sup> & 20 <sup>th</sup> 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 15<sup>th</sup> & 20<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: \_\_\_\_\_

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