



University of Wisconsin  
**Whitewater**

UW-Whitewater Foundation

**UW-Whitewater Foundation, Inc.**

**Alumni Center  
800 West Main Street  
Whitewater WI 53190**

Authorization Agreement for Direct Donations  
Automated Clearing House (ACH) Debits

We now offer the convenience of making donations through pre-authorized withdrawal(s) from your bank account. With your authorization, we will automatically debit your checking account on the 15<sup>th</sup> of the month(s) in the amount you designate. At any time you may change or cancel your authorization so that you can maintain control throughout the process. Bank drafts are established according to your specifications and are canceled only when you submit a written request to the UW-Whitewater Foundation, Inc. Once your authorization form is received, allow two weeks for set up. You will see the debit on your bank statement for the amount and duration you specify.

**Instructions:** To sign up, simply complete this form and mail it to the address above or call 262-472-1105. (Since this form contains confidential bank account information we recommend you do not email it for security reasons.)

<b><u>Check the appropriate box:</u></b>  New enrollment/authorization  Change in bank account  Change in authorized amount  Please stop my ACH donation Effective date: _____	<b>Last name</b>	<b>First Name</b>	<b>M.I.</b>
	<b>Address</b>		
	<b>City</b>	<b>State</b>	<b>Zip</b>
	<b>Home Phone</b>	<b>Email</b>	
<b>Financial Institution Name</b>		<b><u>Account Type:</u>      Checking      Savings</b> <b>Your account will be debited the 15<sup>th</sup> of the month(s) you specify below.</b>	
<b>Bank Routing Number</b> (the first nine digits on the bottom line of your check)		<b>Bank Account Number</b> (digits in middle following the routing number – do not include check number)	
<b>This authorization will remain in full force between the dates of ____/____/____ to ____/____/____</b> Single Donation of \$_____ the month of _____. Total Donation \$ _____ Equal Recurring Monthly Donations of \$_____. Semi Annual Donation of \$_____ the months of _____ and _____. Quarterly Donation of \$_____ the months of _____, _____, _____, _____. Fund to apply payments to: _____ (Questions on funds – contact Laurie Miller listed above)			
<b>REQUIRED:</b> By my signature below, I hereby authorize UW-Whitewater Foundation, Inc. to withdraw from my account the amount listed above. This authority will remain in effect until I give reasonable notification in writing to the UW-Whitewater Foundation, Inc. to terminate the authorization.  Signed: _____  <div style="text-align: right;">updated: 7/1/2025</div>			