



Automatic Debit Program

AUTHORIZATION – Please fill out and return to:

Community Foundation of Southern Wisconsin ♦ 26 S Jackson Street ♦ Janesville, WI 53548

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account

Savings Account

I authorize \$_____ per (circle one) week / month / quarter to be debited from my account and credited to _____ Fund, a component of the Community Foundation of Southern Wisconsin, Inc. beginning _____, 20__.

This authority will remain in effect until I have cancelled it in writing.

Date

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

Address

City State Zip

City State Zip

ACCT NUMBER AT FINANCIAL INSTITUTION

SIGNATURE

STAPLE VOIDED CHECK HERE.....