



# Automatic Debit Program Authorization

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  month  quarter to be debited from my account and credited to the \_\_\_\_\_ Fund, a component of the Community Foundation of Southern Wisconsin, Inc. beginning (DATE) \_\_\_\_\_, 20\_\_\_\_\_.

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

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

## AUTOMATIC DEBIT INFORMATION

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
BRANCH

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

\_\_\_\_\_  
ACCT NUMBER AT FINANCIAL INSTITUTION

\_\_\_\_\_  
ROUTING NUMBER AT FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
SIGNATURE

**STAPLE VOIDED CHECK HERE**