

MONTHLY ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

Company: UW-River Falls Foundation, Inc. Federal Tax ID: 39-6064630

I (we) hereby authorize the UW-River Falls Foundation to initiate debit entries to my (our) checking/savings account indicated below at the depository financial institution named, and to debit the same to such account. I (we) acknowledge that the origination of monthly electronic fund transfer, ACH transactions, to account must comply with the provisions of U.S. law.

PERSONAL INFORMATION			
Legal Name:			
Home Address:			
City:	State:	Zip:	
Home Phone:	Business Phone: _		
Home E-mail:	Business E-mail: _		
GIFT INFORMATION I (we) authorize the UW-River Falls Foundation	undation to deduct from my (our) a	account	
a monthly gift of beginning	g (mon	th and year)	
Please designate my gift to: Fund for UW-River Falls Other, please specify:			
DEPOSITORY INFORMATION			
Financial Institution Name:			
Branch:			
City:	State:	Zip:	
Routing Number:	Account Number: _		
Savings Account	Checking Account Please enclose voided check for veri	ification	
AUTHORIZATION			
I (we) hereby authorize the UW-River Falls For and continuing each month thereafter. I (we) Institution reserve the right to terminate this a by completing and submitting to the UW-Rive available on the UWRF Foundation Website (the UW-River Falls Foundation and the deposit	understand that both the UW-River Fal agreement. This authority is to remain in or Falls Foundation a REQUEST TO DIS (www.uwrf.edu/giving). Termination will	Is Foundation and my (our) Finan n effect until revoked by me (or eit SCONTINUE DIRECT PAYMENTS occur in such time and manner as	icial ther of us) S FORM
please print name	Signature	Date	
please print name	Signature	Date	

Please make a copy for your records and send this form with a voided check to:

UWRF Foundation 410 South Third Street River Falls, WI 54022

Phone: 715-425-3505 FAX: 715-425-3506

www.uwrf.edu/giving