

**Automatic Withdrawal Authorization**

**Wisconsin United Methodist Foundation  
AUTHORIZATION AGREEMENT  
FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)**

I (we) hereby authorize the Wisconsin United Methodist Foundation to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our):

☐ Checking    ☐ Savings    (select one)

account indicated below, and the financial institution (bank, credit union, savings and loan, etc.) named below to debit the same such account.

\_\_\_\_\_  
NAME OF BANK / FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
BANK ROUTING/TRANSIT/ABA NUMBER

\_\_\_\_\_  
CUSTOMER BANK ACCOUNT NUMBER

This authority is to remain in full force and effect until the Wisconsin United Methodist Foundation has received written notification from me (or either of us) or my successor (in the case of an organization) of its termination in such time and in such manner as to afford the Wisconsin United Methodist Foundation and financial institution reasonable opportunity to act on it.

\_\_\_\_\_  
NAME OF THE ORGANIZATION (OR INDIVIDUAL) AUTHORIZING WITHDRAWALS

Please list your existing account numbers at the Foundation: \_\_\_\_\_

The first automatic loan payment should be taken  
from our bank account on (always the 10th of a month\*\*) \_\_\_\_\_

*(\*\*Please note that we must have this form in our office no later than the 1st of the month to  
set-up your first automatic withdrawal for the 10th of that same month.)*

\_\_\_\_\_  
FOR ORGANIZATION, PRINT THE NAME OF THE AUTHORIZING INDIVIDUAL(S)

\_\_\_\_\_  
1st SIGNATURE

\_\_\_\_\_  
2nd SIGNATURE (If you require 2 signatures)

\_\_\_\_\_  
DATE

**Please also enclose a voided check from the bank account listed above and mail to the  
Wisconsin United Methodist Foundation, 750 Windsor St. Suite 305, Sun Prairie, WI 53590**