



**WESTERN
ILLINOIS
UNIVERSITY**

**Western Illinois University Foundation
Authorization Agreement for Direct Payments (ACH Debits)**

<u>Name – last, first, middle initial</u>	<u>WIU ID # (if available)</u>
<u>Street Address</u>	<u>Email Address</u>
<u>City</u> <u>State</u> <u>Zip</u>	<u>Phone</u>

I (we) hereby authorize the Western Illinois University Foundation, to initiate debit entries to my (our) Checking Account/ Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

<u>Depository Name</u>	<u>Address</u>
<u>City</u> <u>State</u> <u>Zip</u>	<u>Routing Number</u>
<u>Phone Number</u>	<u>Account Number</u> checking savings
<u>Amount withdrawn on the 15th of each month</u>	<u>Month of first withdrawal</u>

Gift Amount

1. _____
2. _____
3. _____
4. _____

Gift Designation (College/Dept/Unit/Program)

This pledge is:

- a **new** pledge deduction (first time deduction gift)
- an **additional** deduction pledge (Adding an additional deduction gift)
- a **change in an existing** pledge (An adjustment to the amount of an existing pledge)

This authorization is to remain in full force and effect until Western Illinois University Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Western Illinois University and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE ACCOUNT HOLDER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE WIU FOUNDATION IN WRITING.

Please return this form along with a deposit slip to WIU Foundation, Attn: Connie, Sherman Hall 303, 1 University Circle, Macomb, IL 61455-1390