

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

Name – last, first,	middle initial		WIU ID # (if available)	
Street Address			Email Address	
City	State Zip		Phone	
<u>City</u>	<u>state</u> <u>zip</u>		<u>I none</u>	
Account/ Savin DEPOSITORY,	igs Account indicate	ed below at the e to such account.	depository financial institut I (we) acknowledge that th	debit entries to my (our) Checking tion named below, hereafter called the origination of ACH transactions to
Depository Name			Address	
City	State	Zip	Routing Number	
Phone Number			Account Number	□checking □savings
Amount withdraw	on the 15 th of each mon	<u>th</u>	Month of first withdrawal	
Monthly Amount		Gift Designation	n (College/Dept/Unit/Program)	
1				
2				<u></u>
3 4.				
Special Instructi	ions			
an addit	edge deduction (first tin ional deduction pledge e in an existing pledge	(Adding an addition	nal deduction gift) ne amount of an existing pledge	e)
from me (or eithe		on in such time and i	Vestern Illinois University Foun n such manner as to afford Wes	ndation has received written notification stern Illinois University and
Name(s)				
(.,)	(Plea	ase Print)		
Date	Signatu	ro		

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, Sherman Hall 303, 1 University Circle, Macomb, IL 61455-1390