

**UW-Superior Foundation, Inc.**  
**Electronic Funds Transfer (EFT) Authorization Form**

**Please print this form, fill it out and mail with a voided check to:**

University of Wisconsin-Superior Foundation  
Belknap & Catlin  
PO Box 2000  
Superior, WI 54880

Please call us at 715-394-8452 or toll free 888-893-8593 with any questions.

**Note:**

Your gift will be deducted from your checking account on the same day of each month.

**Contact Information**

Legal name \_\_\_\_\_

Home address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Home email \_\_\_\_\_

Are you a UW-Superior graduate?  Yes  No

Year \_\_\_\_\_ Major \_\_\_\_\_

Name while attending UW-Superior \_\_\_\_\_

**Gift Information**

I authorize the UW-Superior Foundation to deduct from my bank account

\$ \_\_\_\_\_ per month

**Bank Information**

Your financial institution name \_\_\_\_\_

Address \_\_\_\_\_

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

Your financial institution routing number: \_\_\_\_\_

(The nine-digit sequence of numbers appearing at the bottom left of your check)

Your account number: \_\_\_\_\_

IMPORTANT: Please enclose a voided check (not a deposit slip) for account verification.

**Authorization**

I hereby authorize the UW-Superior Foundation to initiate monthly debits between the 10th and 15th day of the following month, and continue each month thereafter. I understand that both the UW-Superior Foundation, Inc. and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until revoked by me in writing.

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

Please note: We recommend that you contact your financial institution to alert them of your authorization of this transaction.