

EFT Authorization (Electronic Funds Transfer)



STOUT
UNIVERSITY FOUNDATION

A timeless commitment to education

Yes! I would like to contribute to UW-Stout and save time and postage by donating through EFT.

Name _____

Spouse/Life Partner Name _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____ Work Phone# _____

E-mail _____

I authorize the Stout University Foundation to deduct from my checking savings account until further notice as follows
(enter one figure)

\$ _____ monthly (\$10 minimum), or \$ _____ quarterly (\$25 minimum)

My gift is unrestricted.

I designate that my gift be used by the University of Wisconsin-Stout restricted to:

College/Department/Unit _____

My employer or my spouse's employer _____, has a matching gift program that can double or triple this contribution.

I've enclosed a voided, unused check (not a deposit slip) for identification of my bank account numbers.

Signature _____ Date _____

Your gift is tax-deductible to the extent permitted by law.

Please complete this form and mail it to: **Stout University Foundation**
302 South Broadway
Menomonie, WI 54751
Or FAX to: (715) 232-5015

For Your Records

Amount authorized for Electronic Funds Transfer:

\$ _____ monthly or \$ _____ quarterly.

To make changes to your EFT gift amount please contact the Stout University Foundation:
715.232.1151
suf@uwstout.edu

Send to:
Stout University Foundation
320 South Broadway
Menomonie, WI 54751

I authorize the Stout University Foundation to initiate monthly or quarterly transfers as indicated on this form, between the 10th and 15th day of each month, starting with the month subsequent to the date indicated above. This authority is to remain in effect until revoked by me in writing to the Stout University Foundation at the address indicated.

Please note. We recommend that you contact your financial institution to alert them of your authorization of this transaction. Contributions to the Stout University Foundation, Inc. are tax deductible to the extent permitted by law. Please make a copy of this form for your records.