



Electronic Funds Transfer (EFT)

MONTHLY CONTRIBUTION ELECTION Authorization for EFT Debit

DONOR NAME _____

ADDRESS _____

EFFECTIVE DATE _____

I hereby authorize Madison Community Foundation to debit my checking account

Account Number _____

Bank Routing Number (ABA) _____

In the amount of \$ _____
(minimum of \$20/month)

Each month on the (check one):

15th day of the month

Last day of the month

As a contribution to the following Fund:

I understand that this authorization will remain in effect until revoked in writing.

Donor Signature _____ Date _____

Please include a voided check with this form and mail to:

**Madison**
COMMUNITY FOUNDATION
111 N. Fairchild Street, Suite 260
Madison, WI 53703