



2 Science Court  
P.O. Box 5010  
Madison, WI 53705-0010

Phone: (608) 232-1763 or (888) 400-7643  
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## MONTHLY CONTRIBUTION ELECTION

### Authorization for ACH Debit

DONOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

I hereby authorize Madison Community Foundation to debit my bank account

Account number \_\_\_\_\_

Bank Routing number \_\_\_\_\_

Checking account

Savings account

In the amount of \$ \_\_\_\_\_

Each month on the (check one):

15<sup>th</sup> 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 by me.**

\_\_\_\_\_  
Donor Signature

DATE \_\_\_\_\_

*Please include a copy of a voided check (or deposit slip for a savings account)*