**DONOR INFORMATION**

**Donor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class Year:** \_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I (we) hereby authorize Wittenberg University to initiate debit entries to my (our) checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Wittenberg University

**BANK INFORMATION**

**Bank Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account Type:** 🞏Checking Account 🞏Savings Account

**Account Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABA/Routing Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transfer Date:** 🞏15th of the Month 🞏25th of the Month

**Month to Begin**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount per transfer**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation:** 🞏 The Wittenberg Fund 🞏 Unrestricted Scholarships

🞏Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Electronic Funds Transfer Authorization Agreement

Please include a voided check when you return this form.

This authorization is to remain in full force and effect until Wittenberg University has received written notification from donor of its termination in such time and in such manner as to afford Wittenberg University and DEPOSITORY a reasonable opportunity to act on it. Please allow a minimum two week window for processing termination or activation.

For processing, please fax this sheet to: 937-327-7444 or scan and email to: [development@wittenberg.edu](mailto:development@wittenberg.edu)

For Mailing: Wittenberg University Questions: 937-327-7430

Attn. Advancement Services

PO 720

Springfield, OH 45501-0720