



AUTHORIZATION AGREEMENT FOR DIRECT DONATIONS (ACH DEBIT)

Type of Action (please check one)

New

Change

Cancel

INDIVIDUAL INFORMATION

Name on Account: _____

Address: _____

City, State, Zip: _____

FINANCIAL INSTITUTION INFORMATION

Institution Name _____

Account Number: _____

Nine-Digit Routing Number: _____

Your financial institution routing number can be found on your check. It is the first nine digits on the lower left of your check followed by your institution account number and check number.

Type of Account: Checking Savings

GIVING INFORMATION

Total equal recurring monthly donations of \$ _____

Starting Month/Year: _____

Ending Month/Year: _____

Please note that all ACH drafts are deducted the 10th of each month.

Designation(s): _____ Amount: \$ _____

Designation(s): _____ Amount: \$ _____

Designation(s): _____ Amount: \$ _____

Comments:

I/We authorize Wake Forest University to initiate debit entries to my/our checking/savings account indicated at the financial institution named above, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the U.S. law.

I/we agree to contact Shawna Potts, Gift Administration, Wake Forest University, Box 7227, Winston Salem, NC, 27109, if the fund in the selected bank account are or will at any time be sourced from financial agencies outside the territorial jurisdiction of the U.S. and provide additional information as requested.

Wake Forest University requires written notification from me/us to change the terms of this agreement.

Name(s): _____

Signatures: _____

Date: _____

Date: _____

TERMS AND CONDITIONS

To enroll in the ACH payment process, you must have a valid checking or savings account at a financial institution that participates in ACH. Most banks and credit unions participate in ACH.

In order to successfully carry out Wake Forest University's fiscal responsibility, the individual(s) agrees:

- To the provisions of this ACH agreement
- To provide accurate enrollment information
- That any revised authorization will replace any previous authorization
- That the authorization shall remain valid until it is terminated or revoked in writing or by the closing of the recipient's account at the receiving financial institution

Submission of the Authorization Agreement for Direct Donations authorizes Wake Forest University to electronically deposit payments through the ACH to the financial institution listed on the previous page under the Financial Institution Information section.

Your authorization shall remain in effect until advanced written notice of termination is produced to Wake Forest University. Such notice should afford Wake Forest University and the financial institution named on the previous page reasonable opportunity to act on it. It is your responsibility to provide an updated Authorization Agreement for Direct Donations to Wake Forest University updating any changes to your financial institution, routing and account number(s).

Notice to Wake Forest University should be addressed to:

Gift Administration
Wake Forest University
P. O. Box 7227
Winston Salem, NC 27109

You may also fax the completed form to 336.758.5108

Should you have questions, please contact Gift Administration at 336.758.6087 or wfugifts@wfu.edu