



Willamette University
Advancement
900 State Street
Salem, Oregon 97301

Authorization Agreement for Direct Donations
Automated Clearing House (ACH) Debits

We now offer the convenience of making donations through pre-authorized withdrawal(s) from your bank account. With your authorization, we will automatically debit your checking account on the 20th, or the business day prior if falls on non-banking day, of the month(s) in the amount you designate. At any time you may change or cancel your authorization so that you can maintain control throughout the process. Bank drafts are established according to your specifications and are canceled only when you submit a written request to Willamette University. Once your authorization form is received, allow two weeks for set up. You will see the debit on your bank statement for the amount and duration you specify.

Instructions: To sign up, simply complete this form and mail it to the address above. Since this form contains confidential bank account information we recommend you do not email it for security reasons. If you have questions please call the Willamette Gift Help Line at 877-208-9887.

<u>Check the appropriate box:</u> <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in bank account <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Please stop my ACH donation Effective date: _____	Last name		First Name		M.I.
	Address				
	City		State	Zip	
	Home Phone		Email		
Financial Institution Name			Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Your account will be debited the 20 th (or business day prior if falls on non-banking day), of the month(s) you specify below.		
Bank Routing Number (the first nine digits on the bottom line of your check)			Bank Account Number (digits in middle following the routing number – do not include check number)		
Single Donation of \$ _____ the month of _____. Total Donation \$ _____ Equal Recurring Monthly Donations of \$ _____. Semi Annual Donation of \$ _____ the months of _____ and _____. Quarterly Donation of \$ _____ the months of _____, _____, _____, _____. Fund to apply payments to: _____					
REQUIRED: By my signature below, I hereby authorize Willamette University to withdraw from my account the amount listed above. This authority will remain in effect until I give reasonable notification in writing to Willamette University, Office of Advancement to terminate the authorization. Signed: _____ Date: _____					